

115
COUNTY OF INVERNESS.



ANNUAL REPORT

BY THE

Medical Officer of Health
for year
1952.

W. D. WILSON, M.D., D.P.H.,

MEDICAL OFFICER OF HEALTH.

COUNTY OF INVERNESS.



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C O U N T Y O F I N V E R N E S S .

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1952

To

The Secretary, Department of Health for Scotland

and

The Convener and Councillors of the County Council of Inverness.

My Lords, Ladies and Gentlemen,

In accordance with the instructions laid down in the D.H.S. Circular No. 95/1952, I have the honour to submit the Annual Report on the health of the County of Inverness for the year ended 31st December, 1952.

As called for by the Department of Health, the Report is prefaced, on this occasion, by a special review of the various services being provided by the Local Health Authority while the Appendix to the Report gives an indication as to what is actually being done to give effect to the provisions laid down under Part III of the National Health Service (Scotland) Act, 1947.

I am,

Your obedient Servant,

W. D. WILSON, M.D., D.P.H.,

Medical Officer of Health.

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COUNTY OF INVERNESS.

SPECIAL REVIEW

OF

LOCAL HEALTH AUTHORITY FUNCTIONS

1. ADMINISTRATION.

The County Council of Inverness delegates its functions as Local Health Authority to the Health and Welfare Committee.

There are no standing sub-committees of the Health and Welfare Committee, but sub-committees are formed as and when the occasion demands it, e.g. during 1952 a sub-committee was formed to consider the Home Help Service.

The chief administrative officer is the Medical Officer of Health who, with his deputy, hold joint appointments being Medical Officer of Health and Deputy Medical Officer of Health of Inverness Burgh and County. In addition there are two Assistant Medical Officers of Health, both appointed by the County Council.

The administrative offices for both Authorities are situated in the County Buildings, Inverness.

With regard to the Sanitary Inspector's Department, there are separate Chief Sanitary Inspectors for the Burgh and the County with appropriate offices in the Town House and County Buildings respectively.

Although the County Council have amalgamated the old Health and Public Assistance Committees into a combined Health and Welfare Committee, there is a separate Welfare Department under the supervision of the Chief Social Welfare Officer.

Staff.

The staff at 31st December, 1952, is as follows:-

Public Health Department:

Medical Officer of Health and School Medical Officer....	W. D. WILSON, M.D., D.P.H.
Deputy Medical Officer of Health.....	J. DEWAR, M.B. Ch.B., D.P.H.
Assistant Medical Officers of Health.....	R. G. MURRAY, M.B., Ch.B., D.P.H.
	MARY H. MACARTHUR, M.B., Ch.B.

	J. MACLEOD, L.D.S.
School Dental Officers.....	A. MASON, L.D.S.
	W. G. BURNSIDE, B.D.S.

School Dental Attendants.....	MRS C. M. HORTON, S.R.N.
	Miss L. STEWART.

County Analyst.....	A. SCOTT DODD, B.Sc., Ph.D., F.I.C., F.C.S., F.R.S.E.
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Superintendent Nursing Officer and Supervisor of Midwives.....	MARY B. CLYNE, S.R.N., S.C.M., H.V., QUEEN'S NURSE.
---	---

Assistant Superintendent Nursing Officer.....	ISOBEL F. McFADYEN, S.R.N., S.C.M., H.V., QUEEN'S NURSE.
--	--

District Nursing Sisters, who perform the combined duties of home nursing midwifery, child welfare, health visiting and school nursing. (This figure includes relief nurses)..... 58

School Nurses..... Christina MacDonald, S.R.N.
Jean E. C. Gordon, S.R.N., S.C.M.
Catherine A. Honeyman, S.R.N., S.C.M., H.V., R.F.N.

Clerical Staff..... Miss A. Law, M.A.
Miss H. Tulloch.
Miss M. Ross.

Sanitary Department:

Chief Sanitary Inspector.....W. MacDonald, Sanitary Inspector's Certificate.
Assistant Chief Sanitary
Inspector.....W. Fraser, Sanitary Inspector's Certificate;
Meat Inspector's Certificate.

A. D. MacKintosh, Sanitary Inspector's Certificate.
Meat Inspector's Certificate.

District Sanitary Inspectors..... G. Mellan, Sanitary Inspector's Certificate. Meat
Inspector's Certificate.
J. G. Sanson, Sanitary Inspector's Certificate.
J. D. Thomson, Sanitary Inspector's Certificate.

Milk Officer.....Elizabeth A. Hirons, N.D.D.

Pest Destruction Officer..... Mr Charles C. Matheson.

Clerical Staff..... Miss I. MacKintosh.
Miss V. Frewin.

2. CO-ORDINATION AND CO-OPERATION WITH OTHER PARTS OF THE NATIONAL HEALTH SERVICE.

Despite the tripartite nature of the National Health Service there is in this area a measure of co-ordination and co-operation between its three branches.

(a) Between Individuals: The relationship between the Medical Officer of Health on the one hand and the Officers of the Regional Hospital Board and the Local Executive Council on the other is most satisfactory. By consultation at this level many minor difficulties can be satisfactorily resolved.

(b) Between Authorities: Matters which require discussion between authorities can be referred to a joint Liaison Committee for the Health Services which has been set up and which comprises representatives from the Local Health Authorities, the Executive Council and the Regional Hospital Board. This Committee meets as and when required.

Co-ordination is enhanced by the fact that the Medical Officer of Health is a co-opted member of the Local Medical Committee which is a standing arrangement. He has also been nominated a member of the Regional Consultants and Specialists Committee and serves on the Board of Management of Craig Dunain Hospital.

With regard to medical officers, health visitors, midwives and nurses employed in Local Health Authority Services, co-operating in the care of patients under treatment (i) at hospitals, and (ii) by general practitioners, the local picture is as follows:-

(i) At Hospital. The following are examples of co-ordination between hospital and local authority staffs. Should a patient in a general hospital be found to be suffering from infectious disease on admission or develop it after admission, the advice of the Medical Officer of Health is sought with regard to diagnosis in some instances and also with regard to measures for the control of spread.

Medical Officers from the Public Health Department from time to time examine as to their fitness patients in hospital who are considered suitable for transfer to Part III Accommodation.

Before a patient is admitted to hospital or when a patient is ready for discharge, the Local Authority provide such assistance as home helps, district nurses, or if there are young children who cannot otherwise be cared for, accommodation in a residential nursery. The request for assistance in these instances may come through the hospital almoner, the family doctor or the district nurse.

With regard to tuberculous patients, each week there is one afternoon when medical officers of the Public Health Department meet the Chest Physician and his staff, scrutinise and discuss all the X-rays taken that week, both of patients and contacts. By this means the Public Health Medical Officers become aware of the clinical aspects of the cases, this information being of great value in their work of contact testing and giving of B.C.G. vaccine.

There is a standing arrangement whereby the Bacteriologist at Raigmore Hospital submits to the Medical Officer of Health copies of reports in respect of all the patients in Culduthel Hospital. Copies of reports in respect of patients in other hospitals or of patients under the care of the family doctors are also sent to the Medical Officer of Health if in the opinion of the Bacteriologist he should be informed of the result. Frequently the bacteriological report is the first indication that a case of infectious disease has occurred and the information given enables him to institute forthwith measures for the control of spread.

(ii) By General Practitioners. Generally speaking the co-operation between general practitioners and local authority staffs is good. The Medical Officer of Health is occasionally called into consultation when a difficult case of infectious disease is encountered.

In school medical inspection where appropriate, parents are instructed to consult their family doctor with regard to the treatment of any defect found. Children are not referred to a Specialist without the family doctor being so informed.

The District Nursing Sisters throughout the County carry on the combined duties of home nurse, midwife, health visitor and school nurse. The co-operation between the family doctor and the district nursing sister is good and runs along the usual lines.

If the family doctor wishes a patient to receive nursing attention he instructs the nurse accordingly. If a nurse receives a request from a patient for nursing attention, before making a second visit she must make contact with the doctor.

Maternity cases are handled by the doctor and district nurse by direct consultation.

On a number of occasions the family doctor and district nurse have collaborated in giving specific treatment to tuberculous cases in their own homes - under, of course, the direction of the tuberculosis physician.

When a maternity case is due to be discharged from the maternity unit, the unit informs the family doctor by letter and particulars are given to the patient with instructions to contact the district nurse on arrival home.

Assessment of the Effectiveness of these Arrangements.

The co-ordination between the local health authority and the hospital and specialist services is on the whole very good, due mainly to direct contact between the officials concerned and the happy relationship that exists between them.

The same can be said about the co-ordination with the general practitioner service. The arrangement whereby the Medical Officer of Health is a co-opted member of the Local Medical Committee is an excellent one.

Suggestions for Improvement of Co-ordination.

The Executive Council for the County of Inverness issues an annual report on the General Medical Services for the year ended 31st March, a copy of which is sent to the Medical Officer of Health. The Medical Officer of Health is also required by statute to compile an annual report. No annual report is called for from the Regional Hospital Board. Such an omission is regrettable as without it a comprehensive view of the National Health Service cannot be obtained.

Steps taken to inform General Practitioners and the Public
about Services available.

No special brochure has been prepared for issue either to the general practitioners or to the public about the services available in this area.

From time to time as and when the occasion demands it, general practitioners are informed of new developments by circular letter.

At clinics and in connection with domiciliary visitations by the District Nursing Sisters, use is made of leaflets prepared by the Scottish Council for Health Education.

3. JOINT USE OF STAFF.

A total of 24 practitioners in the County are employed by the County Council as District Medical Officers for which they are paid nominal sums. Their duties are confined to the control of infectious disease in their area. Briefly, they are expected to arrange for the disposal of the case, the examination and if necessary the taking of specimens from contacts and advising on measures to control the spread. They are also expected to supervise contacts of cases of infectious disease occurring elsewhere who have come to reside in their area.

The arrangement works very satisfactorily and is invaluable in an area so large and scattered as the County of Inverness. It also facilitates the integration of the public health and general practitioner services.

No medical officers employed by the Local Authority work part-time in the Hospital and Specialist Services, but there is an arrangement whereby consultants in the employment of the Regional Hospital Board work in the Authority's service. There is an arrangement under the school medical service whereby two ophthalmologists visit Skye and the Outer Hebrides twice a year and examine school children in improvised clinics held in schools. On the mainland clinics are held at Fort William and Inverness, the centre in the former being the Belford Hospital while in the latter school children are seen at the Royal Northern Infirmary or at a clinic improvised at the Crown School in the Burgh. Arrangements for appointments are made through the Medical Officer of Health to whom reports are sent by the Ophthalmologist. These arrangements work very satisfactorily.

With regard to school children requiring tonsillectomy or examination by the Ear, Nose and Throat Surgeon - for cases in North Uist, South Uist and Barra the services of an Ear, Nose and Throat Surgeon are made available at the Bute Hospital, Daliburgh, the Medical Officer of Health arranging for the transport of children to and from this centre. For children in Skye, the Gesto Hospital, Edinbane is the centre while for Harris, children are taken to the Lewis Hospital, Stornoway. For children on the mainland, the centres are the Belford Hospital, Fort William, and the Royal Northern Infirmary, Inverness.

Although in a sense working for the Local Authority the consultants referred to above are entirely paid by the Regional Hospital Board, the responsibility of the Local Authority being confined to the provision of premises for an improvised clinic when required and for arranging for children to attend at the appropriate centres, travelling expenses where necessary being borne by the Local Authority.

There are no premises jointly used by the hospital organisation and by general practitioners.

4. CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE.

(a) Expectant and Nursing Mothers: The Local Health Authority's arrangements for the care of expectant and nursing mothers are based primarily on the County Nursing Service, which adequately covers the area. When an expectant mother becomes known to the district nurse her services are secured as midwife or maternity nurse. Advice is then given as regards preparations necessary for the confinement and on mothercraft, the importance of breast feeding being stressed.

Roughly one third of the total births take place at home, the remainder taking place in hospitals and nursing homes such as the Raigmore Maternity Unit, Inverness; Rossal Nursing Home, Inverness; John Martin Hospital, Uig, Skye; Lochmaddy Hospice, North Uist; and the Maternity Unit, Fort George. In addition confinements take place in Hospitals and Nursing Homes outwith the County of Inverness.

It should be noted that in the past the services of the district nurse were frequently not obtained in the case of mothers who were booked to be confined in hospital. It was considered that ante-natal supervision by the family doctor would suffice, but it was felt that the district nurse was in a position to make a valuable contribution, particularly in the sphere of mothercraft and the giving of advice on breast feeding. Furthermore there was a tendency for mothers attending the ante-natal clinics to rely entirely on the clinics for supervision and advice, the family doctor and district nurse not participating.

During 1952 a measure of co-ordination was achieved in that arrangements were made whereby liaison was established with the family doctor and this year liaison now includes the District Nursing Sister, who, in addition to general ante-natal supervision, gives information on the uses of gas and air analgesia.

After confinement at home, the nursing mother continues under the supervision of the district nurse in her capacity as health visitor. Periodic visits are made, advice given to the mother, the child weighed, any defects being brought to the notice of the mother in order that she can consult her doctor. Defects of a serious nature are notified also to the Medical Officer of Health.

In the case of confinements taking place in hospital, the first indication that the nurse may receive is the arrival of the child welfare card from the Public Health Department. When the mother is discharged she is given particulars of her case and instructed to contact the district nurse on her arrival home. When special circumstances necessitate urgent nursing attention the Raigmore Maternity Unit either notify the County Nursing Superintendent or the district nurse for the area. The family doctor is notified by letter.

This arrangement appears to work satisfactorily.

With regard to clinic facilities for ante-natal and post-natal supervision, clinics are held twice weekly at Raigmore Hospital, Inverness, one clinic being devoted entirely to mothers attending for the first time, the other for mothers attending subsequently and for mothers requiring advice on post-natal matters. One combined clinic for gynaecological, ante-natal and post-natal cases is held monthly at the Belford Hospital, Fort William. The clinics are conducted by the Consultant Obstetricians in Inverness.

There are no clinics in general practitioners' premises.

With regard to unmarried mothers, the majority are confined either at home or in hospital. Occasionally accommodation is sought in a voluntary home such as the Aberdeen Mother and Baby Home or one of the Salvation Army Homes. Experience has shown that arrangements for admission have been made mainly by hospital almoners.

There are no explicit arrangements for instruction in mothercraft, this being regarded as the function of the district nurse in her capacity as health visitor when carrying out ante-natal and child welfare visits.

A limited amount of instruction in mothercraft is given at the two child welfare clinics held weekly in the Lochaber area.

Maternity outfits are purchased in bulk and issued to the district nursing sisters for distribution free of charge to mothers who are to be confined at home. The contents of the outfit are as suggested by the Department of Health for Scotland.

(b) Child Welfare. The basis of the child welfare service is again the County Nursing Service. As already indicated, the District Nursing Sister has knowledge of children born at home in her area, while intimation of a child born in hospital is made to her through the Public Health Department. She then arranges for the child to be visited monthly in the first year of life, four times in the second and third years, thrice in the fourth year and twice in the fifth year. These facilities are offered to every child and advantage is taken of the offer in the majority of cases. As already mentioned mothers of children with defects are advised to consult the family doctor and if the defect is serious the Medical Officer of Health is notified. Where extra supervision is necessary, more frequent visits are made.

Child welfare clinics are held once weekly at the Belford Hospital, Fort William, and at the Garrison Theatre, Annat. The Medical Officer in attendance, by arrangement with the Local Authority, is the Surgeon Superintendent of the Belford Hospital, Fort William, assisted by the Local District Nursing Sisters. At these clinics the infants are weighed, general progress noted, advice in mothercraft given, dietary adjustments made where appropriate and vaccination against smallpox and immunisation against diphtheria or diphtheria and whooping cough combined carried out. Any defects encountered are referred back to the family doctor. When specialist treatment is required the family doctor makes the appropriate arrangements. Extension of clinic facilities to other parts of the County are under consideration.

(c) Care of Premature Infants. Experience has shown that the domiciliary provision of special equipment for premature infants is seldom required, any such cases born at home being admitted to hospital forthwith. The majority of premature births take place in hospital and the arrangements in hospital appear to be adequate. Once the child is home assistance can be given by the provision of home helps and in necessitous cases the provision of layettes, clothing, cot, etc.

(d) Supply of Dried Milks. Arrangements have been made in co-operation with the Ministry of Food for the distribution of Welfare Foods (National Dried Milk, Orange Juice, Cod Liver Oil) at Child Welfare Clinics. Welfare foods are of course distributed at Food Offices throughout the County.

It has not been found necessary to make arrangements for the supply of other dried milks or nutrients.

(e) Dental Care. Shortage of dental staff has precluded the making of arrangements for the dental care of expectant and nursing mothers and pre-school children. The numbers of dental surgeons, are, however, increasing and by the end of 1952 arrangements were in hand for the appointment of a Senior Dental Officer, bringing the complement of dental staff to four whole time dental surgeons and two dental attendants, also one part-time dental officer doing duty in the Outer Islands with headquarters at Lochboisdale, South Uist.

5. DOMICILIARY MIDWIFERY.

The domiciliary service is operated as far as possible jointly by doctors and district nursing sisters in their capacity as midwives, midwives being expected to influence each patient to secure the services of a doctor. The midwife on being approached by an expectant mother immediately informs the doctor and thereafter formally notifies the Local Authority of the arrangements made. The midwife co-operates with the doctor in carrying out the necessary ante-natal supervision and acts as midwife or maternity nurse as directed by the doctor. When required, the doctor arranges for the services of a consultant or makes arrangements for admission to hospital should either social or obstetric circumstances warrant such action.

In the case of mothers whose confinement in hospital is recommended on social grounds, the obstetrician determines the need in each case and accepts or refuses according to circumstances.

It should be pointed out that the majority of mothers are confined in hospital or private nursing homes, approximately one-third occurring at home.

The County Nursing Superintendent acts as Supervisor of Midwives, being responsible to the Medical Officer of Health. For this purpose the midwives are inspected twice a year. There are no private practising midwives in the County.

With regard to analgesia, all the Local Authority midwives have been trained in the administration of gas and air and pethidine. The midwives are equipped with a Minnitt Apparatus. Despite this, however, it is disappointing to record that during 1952 gas and air was administered on only 80 occasions. Pethidine was administered to 66 cases.

A total of six midwives were sent on refresher courses during 1952, bringing the total number since 1948 to 15.

There are no local arrangements for having pupils midwives in domiciliary midwifery.

6. HEALTH VISITING.

The arrangements with regard to health visiting have already been partly described earlier in this report in connection with care of mothers and young children. The duties under these arrangements are discharged by the District Nursing Sisters under the supervision of the County Nursing Superintendent who is, of course, responsible to the Medical Officer of Health. In the present establishment of 58 nurses, only nine have their Health Visitor's Certificate, the nine comprising the County Nursing Superintendent, the Deputy County Nursing Superintendent, and seven district nursing sisters. Having regard to the vital role which the Health Visitor can play in the promotion of health and prevention of disease, the smallness of the number is regrettable. In this connection what incentive is there for a nurse to take her Health Visitor's Certificate when as a result of her efforts, she will actually be paid as a Health Visitor a salary maximum of £5 less than she would receive as a Ward Sister without the additional qualification.

Nevertheless, bearing in mind the multiplicity of the duties of the District Nursing Sisters and in order that more time could be devoted to this important aspect of their work, during 1952

an attempt was made, without success, to obtain the Health and Welfare Committee's approval to the appointment of whole-time Health Visitors.

With regard to linking up the health visiting services with that of the local hospitals, no specific arrangements exist to this end. Direct contact between hospital almoners and district nurses is infrequent, requests for assistance being made by the almoner to the County Nursing Superintendent and to the Medical Officer of Health. This is probably the better arrangement.

During 1952 no assistance was given by the Local Health Authority to nurses towards obtaining their Health Visitor's Certificate. No nurses were sent on refresher courses.

No facilities are offered by the Council for student health visitors.

7. HOME NURSING.

Reference has already been made to the general arrangements, the liaison between doctor and nurse being good as is also the liaison between nurse and hospital through the doctor.

It is not possible to give a classification and description of the different types of cases attended by the home nurses, but it can be said that the greater part of their time is devoted to sick nursing and that the numbers of chronic sick, aged and infirm are on the increase.

There is ^{no} specific arrangement for a night service or for the local training of district nurses.

With regard to refresher courses, no nurses were sent during 1952 but two attended in 1951.

Rooms for consultation and the treatment of minor ailments exist in the residences of nurses in ten districts. In one case the rooms are also used by the local general practitioner.

8. DOMESTIC HELP.

This service got under way towards the end of 1950 and has continued to expand, requests for assistance coming from all parts of the county. A striking feature is the number of aged and infirm persons who are in receipt of assistance and there is no doubt that in a number of cases the provision of a home help has been the means of keeping them out of hospital, thereby easing the pressure on hospital beds.

In every case the need for assistance is confirmed by the District Nursing Sister who forwards a report on the domestic circumstances to the County Nursing Superintendent. The assessment of the amount of contribution which falls to be paid by the person or family assisted is carried out by the Welfare Officer.

Although there is no denying the usefulness of such a service, the administrative side is time consuming and entails a great deal of work.

9. VACCINATION AND IMMUNISATION.

With regard to infants and young children, a limited number are vaccinated against small-pox and immunised against diphtheria at the Child Welfare Clinics held in the Lochaber area. Immunisation campaigns amongst pre-school children have been carried out by Medical Officers of the Public Health Department, for example in the Skye area in 1949 and the Lochaber area in 1950. All other cases are dealt with by the family doctor. Arrangements are therefore directed towards impressing upon parents the necessity for vaccination and immunisation and are as follows:-

As soon as the birth notification is received a form in three detachable sections is attached to the Child Welfare Record Card sent to the District Nursing Sister.

The first section, giving details of the child's name, address, date of birth and family doctor, is completed and forwarded to the Medical Officer of Health as soon as possible.

Whenever the family doctor has vaccinated the child the second section is duly completed and forwarded. When immunisation against diphtheria has been carried out the third section is completed and returned. By this means information is available as to the number of pre-school children vaccinated and immunised.

For propaganda purposes, appropriate leaflets advocating vaccination and immunisation are enclosed with the Record Card, the District Nursing Sister handing these to the parent.

With regard to whooping cough immunisation, a beginning was made in 1949 and has continued since, in the majority of instances diphtheria and whooping cough immunisation being combined. One difficulty was the possible association between prophylactic inoculation

and poliomyelitis and as a consequence the use of the vaccine was confined to the Public Health Department and given out only to doctors who specifically asked for it. The earlier alum precipitated antigens have now been replaced by the suspended preparations and during 1952 use was made of these. The local reactions are now much less severe and consideration was being given towards the end of 1952 to having standing arrangements for immunising infants against diphtheria and whooping cough at the time when routine medical inspection of schools is being carried out.

The usual recommendation is to immunise against diphtheria at eight months and whooping cough or whooping cough and diphtheria combined at six months.

With regard to children entering school for the first time a questionnaire is sent to the parent and the child's vaccination and immunisation state ascertained. If not immunised against diphtheria, immunisation is offered. If immunised in infancy, a boosting dose of diphtheria prophylactic is recommended. This is carried out when the routine medical inspection of the school takes place.

A gratifying feature is the high acceptance rate amongst parents.

10. PREVENTION, CARE AND AFTER CARE.

(a) Tuberculosis. Broadly speaking the treatment of tuberculosis is the responsibility of the Regional Hospital Board who provide the institutional care and specialist service necessary. The arrangements with regard to prevention, care and after-care are in the hands of the local authority.

The Tuberculosis Physician by arrangement with the Regional Hospital Board, is made available for the medical supervision of the operation of the local authority's arrangements under the administrative control of the Medical Officer of Health.

The Regional Tuberculosis Physician has headquarters at Raigmore Hospital, Inverness, and although exercising general supervision of the Region, acts as Tuberculosis Officer for the mainland and Skye areas of the County. The Area Tuberculosis Physician in Stornoway acts for Harris, North Uist, South Uist and Barra.

Briefly the working arrangements are as follow:-

(1) On receipt of a notification of a case from a general practitioner, the Tuberculosis Officer is informed forthwith.

(2) Should the Tuberculosis Officer diagnose tuberculosis in a case referred to him by the general practitioner, a copy of the letter sent to the general practitioner is transmitted to the Medical Officer of Health.

(3) The District Nursing Sister in her capacity as Health Visitor is then informed so that the household can be visited and advice given as regards safeguards to be taken.

(4) The Medical Officer of Health is informed as to when a patient is admitted or discharged from hospital, in the latter instance, the copy of the letter sent to the family doctor being furnished.

(5) As soon as practicable, a medical officer from the Public Health Department visits the household, draws up a list of contacts, advises them to seek X-ray and makes appropriate arrangements if their consent is received. Contacts, if children, or adolescents, are tuberculin tested and those suitable are given B.C.G. vaccine.

(6) Each week the Tuberculosis Officer and his staff meet the Medical Officers of the Public Health Department for the purpose of scrutinising X-rays and discussion of cases.

(7) In respect of patients at home, the district nurse visits at least monthly and furnishes a report on the health measures being carried out.

(8) Cases which in the opinion of the Tuberculosis Officer require extra nourishment are notified by him to the Medical Officer of Health who makes the necessary arrangements.

(9) Arrangements are made where necessary for the boarding out of child contacts. For this purpose use has been made of the Seaforth Home, Maryburgh, which is under the auspices of the County Council of Ross and Cromarty, there being at present no Children's Home in this County.

(10) Shelters, beds, bedding and nursing requisites are furnished as and when required.

(11) Assistance is given to households where there is a member suffering from tuberculosis to obtain adequate housing accommodation. It is gratifying to record that Housing Allocation Committees always give high priority to such cases.

(12) With regard to the resettlement of tuberculous persons, close liaison exists between

the Tuberculosis Officer and the officials of the Ministry of Labour and National Service.

The extension (by the Regional Hospital Board) of clinics and X-ray facilities throughout the County whereby centres now exist at Fort William, Broadford, Daliburgh and at Stornoway for cases in Harris, has been a big step in combating the disease. Earlier ascertainment is now possible and the introduction of the new drugs has done much to stem mortality and shorten the period in hospital thereby reducing the waiting lists and waiting time.

It is regrettable that so far no mass miniature X-ray facilities exist in this area, although now there is a likelihood of a unit becoming available in the near future. The control of such a service should be under the Local Health Authority and not the Regional Hospital Board as it is essentially preventive in function.

Another difficulty is that there are no local arrangements for major thoracic surgery, cases having to wait for admission to hospitals in Aberdeen where the waiting lists are already considerable. As thoracic surgery can frequently shorten the period of infectivity its value as a preventive measure can be appreciated.

(b) Illness generally. It has not been possible to extend prevention, care and after-care to illness generally in this area. Staff is not available for this purpose.

11. CONTROL OF INFECTIOUS DISEASE.

Generally speaking there have been no major outbreaks of infectious disease during the five years since July, 1948.

Scarlet fever keeps recurring each year, the greatest incidence being in 1951 when 40 cases were reported. The figure for 1952 was 24. The disease continues to assume a mild form, the majority of cases being nursed at home.

Diphtheria is virtually extinct, no cases being encountered in 1952. The greatest incidence was in 1950 when eight cases were reported, all in a hospital near Inverness.

Whooping cough became compulsorily notifiable in 1950, the greatest number of notifications being in 1951 when 164 cases were reported. The figure for 1952 was 94.

Dysentery shows no great prevalence, the highest number of notifications, namely 25, occurring in 1951.

The enteric fevers are rarely encountered, only one case of typhoid fever and four cases of paratyphoid fever being notified during the five year period, this figure including one case of paratyphoid fever notified during 1952.

Poliomyelitis is encountered rarely in the sporadic form, but a small outbreak of fifteen cases occurred during 1950. During 1952 only one case was reported.

Cases of infectious disease requiring admission to hospital are sent to either Culduthel Hospital, Inverness, or if in Harris to the Lewis Infectious Diseases Hospital, Stornoway.

Each day information is received from Culduthel Hospital as to the nature and type of cases admitted and formal intimation is sent to the Public Health Department when a case is discharged.

With regard to notification, the majority of practitioners are prompt in notifying the Medical Officer of Health, but a few either delay or omit to send notifications especially in mild cases being nursed at home or when the case has been admitted to hospital. In the latter connection the notification of admissions received from the Infectious Diseases Hospital is a useful check.

It is gratifying to record that there is the closest liaison between the Medical Officer of Health and the laboratory services. As already mentioned, copies of all relevant laboratory reports on specimens examined are transmitted to the Medical Officer of Health for his information. In cases of urgency the Bacteriologist telephones the information direct. This is a most excellent arrangement.

Although there is close liaison between the Infectious Diseases Hospital and the Medical Officer of Health, I am of the opinion that in order to enable the Medical Officer of Health to discharge his functions fully, in so far as the control of infectious disease is concerned, he should have complete control of the hospital admissions and discharges. To achieve this end, he would require to be appointed medical superintendent of the Infectious Diseases Hospital and although such an appointment would in effect be a reversion to the old arrangement which obtained before the 5th July, 1948, there is no doubt in my mind that it is the better one.

12. MENTAL HEALTH.

1. Administration.

(a) Committee Responsible. The committee responsible is the Health and Welfare Committee of the County Council, except in the case of educable defectives under guardianship and aged 5-16 years. These are the responsibility of the Education Committee.

(b) Number and Qualification of Staff:-

(1) Medical Officers. All the Medical Officers of the Public Health Department perform duties connected with Mental Health. Three of these, namely the Deputy Medical Officer of Health and the two Assistant Medical Officers of Health, are trained in mental assessment.

With regard to the certification of insane persons, one certificate is completed by the family doctor, while the other is completed by another general practitioner or by one of the Local Health Authority Medical Officers.

(2) Psychiatric Social Workers. There are no psychiatric social workers in the employment of the County Council, although the appointment of one by the Regional Hospital Board was under consideration during 1952.

There are no other mental health workers.

(3) Duly Authorised Officers. These are the Welfare Officers, and total four for the mainland of Inverness-shire and five for Skye and the Outer Islands. Their duties are (a) to make arrangements for the detention of persons apparently of unsound mind who have no relatives or friends willing and able to do so; (b) to ensure that adequate arrangements have been made for his welfare when it is proposed to discharge an insane person from hospital; (c) to arrange for and carry out the immediate supervision of certified lunatics placed under guardianship or boarded out or on probation from a mental hospital; (d) on the instruction of the Medical Officer of Health to take steps to remove, pending the presentation of a petition, a supposed defective who is abandoned, cruelly treated, or without visible means of support, to a place of safety; (e) to supervise and attend to the visitation of mental defectives who are placed under official guardianship; (f) to take steps to safeguard the property of persons committed to mental hospitals or certified institutions for mental defectives.

(4) Occupation Centre Supervisors. As yet there are none.

(c) Co-ordination with Regional Hospital Boards. There is close co-operation between the Medical Officers of the Local Health Authority and the Mental Specialist Staff of the Regional Hospital Board. The Authorised Officers carry out the supervision of boarded-out lunatics, a Regional Hospital Board responsibility, on behalf of the Regional Hospital Board.

(d) Duties Delegated to Voluntary Associations. There is no arrangement whereby duties are delegated to voluntary Associations.

(e) Training of Staff. There are no arrangements for the training of staff.

2. Account of Work undertaken in the Community.

The work undertaken under the Lunacy (Scotland) Acts, 1857-1866 and under the Mental Deficiency and Lunacy (Scotland) Acts, 1913-1940 has already been described in the outline given of the duties of Authorised Officers. Ascertainment of mental defectives is made through information received from medical practitioners, nurses, relatives, or guardians of cases, the Authorised Officer making arrangements for the appropriate medical advice being obtained when required. Assessment is carried out by the Medical Staff of the Local Health Authority assisted by the Mental Specialist Staff of the Regional Hospital Board.

In the case of educable mentally defective children of school age, there is no special school provision in this area, a regrettable lack. With regard to ineducable mental defectives, either of school age or over the age of 16 years, in need of institutional accommodation, recourse must

be had to institutions in the South which already are heavily overtaxed. As a result, it is well nigh impossible to secure their admission without having to wait years. There is a clamant need for such accommodation.

There is no provision in the area for the training and occupation of mental defectives not in institutions.

13. WORK UNDER NUPSERIES AND CHILD NURSES' REGULATION ACT, 1948.

There is no work done under this Act in this area.

S U M M A R Y O F S T A T I S T I C S

The following table gives a summary of the principal statistics for the five year period 1948 - 1952. The figures are based on the information submitted annually by the Registrar General.

	1948	1949	1950	1951	1952
Population (Civilian) at Mid Year.....	50,039 ⁶	57,745	60,147	57,704	58,062
Marriage Rate (per 1,000 of population).....	4.0	3.7	3.5	3.3	3.4
Live Birth Rate (")	17.6	17.8	16.3	17.5	16.4
Still Birth Rate (per 1,000 total births)	36	22	34	21	24
Death Rates:-					
All causes (per 1,000 of population)	12.8	13.2	13.4	14.6	11.7
Pulmonary Tuberculosis (")	0.75	0.73	0.37	0.26	0.17
⁷ Epidemic Diseases (")	0.07	0.36	0.30	0.49	0.05
Maternal Mortality (per 1,000 total births)	4.9	1.9	-	-	1.02
Infant Mortality (per 1,000 live births)	34	36	40	28	25

⁷Typhoid Fever, Meningococcal Infections, Scarlet Fever, Whooping Cough, Diphtheria, Influenza and Measles.

VITAL STATISTICS.

POPULATION.

The Registrar-General's estimate of the total population of the County of Inverness as at 30th June, 1952 is 58,062. This figure is exclusive of the Burgh of Inverness.

The rates quoted in the 1952 Report are based on the estimated total population.

It will be seen from the following table that the estimated population of the County of Inverness, with the exception of the year 1950, has fluctuated very slightly during the quinquennial period 1948 - 1952, the average figure being 57,939.

Estimated Population	1948	1949	1950	1951	1952
	56,039	57,745	60,147	57,704	58,062

A general picture of the vital statistics for the year is given in the Registrar's Returns on Form S.D. 10a as set out below, figures being given before and after correction for place of residence.

	No. Registered in District.	Transfers		No. Corrected for Transfers			Rate per 1,000 of Est. Pop. (Both Sexes)
		Out	In	Both Sexes	Males	Females	
Live Births (including Illegitimate).	427	6	533	954	475	479	16.4
Live Births Illegitimate.....	11	1	43	53	29	24	5.6 (2)
Still Births.....	3	-	20	23	11	12	24 (3)
Marriages.....	197	-	-	-	-	-	3.4
Deaths -							
All Causes.....	643	97	131	677	340	337	11.7
Tuberculosis (All Forms).....	-	-	-	11	4	7	0.19
" (Respiratory).....	-	-	-	10	4	6	0.17
Principal Epidemics Dis. (1).....	-	-	-	3	1	2	0.05
Children aged under one Year.....	-	-	-	24	16	8	25 (4)
Children aged under four weeks.....	-	-	-	16	11	5	17 (4)

(1) Typhoid fever, meningococcal infections, scarlet fever, whooping-cough, diphtheria, influenza and measles.

(2) Per 100 live births.

(3) Per 1,000 total births (including still-births).

(4) Per 1,000 live births.

BIRTHS.

It will be noted that live births registered in the County numbered 427. After the necessary correction for mother's residence had been made - there were 533 transfers-in and 6 transfers-out - the number totals 954, being 475 males and 479 females, equivalent to a birth rate of 16.4 per 1,000 of the population.

A comparison of the figures set out in the following table shows that the number of live births fluctuates round the 1,000 mark and is lower for 1952 than in any of the previous years since 1947. The table also gives the rates per 1,000 of the population and also the corresponding rates for all Scotland and shows that the trend in Inverness County is very similar to that for Scotland generally.

Year	No. corrected for Transfer			Rate per 1,000 of estimated population (both sexes)	
	Both Sexes	Male	Female	Inverness County	Scotland
1947	1,059	544	515	18.4	22.0
1948	984	519	465	17.6	19.4
1949	1,029	498	531	17.8	18.5
1950	980	509	471	16.3	17.9
1951	1,009	485	524	17.5	17.7
1952	954	475	479	16.4	17.7

The number of illegitimate live births registered was 53 of which 29 were males and 24 were females, the figure being equivalent to a rate of 5.6 per 100 live births.

Still births registered during the year numbered 3 before correction for mother's residence and 23 after correction, 11 being males and 12 females, equivalent to a rate of 24 per 1,000 total births (live and still). This figure shows a slight increase over the rate for 1951 but is again well below the average of 30 for the ten year period 1942-1951.

The still birth rate in the County compares favourably with the rate for Scotland generally, as is borne out by the figures in the following table:-

Year	Rate per 1,000 total births, live and still.	
	Inverness County	Scotland
1947	39	30
1948	36	29
1949	22	27
1950	34	27
1951	22	26
1952	24	26

MARRIAGES.

The number of marriages registered was 197, equivalent to a rate of 3.4 per 1,000 of the population. The corresponding figures for 1951 were 191 marriages giving a rate of 3.3.

DEATHS.

After correction for home residence, deaths from all causes during the year totalled 677 - 340 males and 337 females, equivalent to a rate of 11.7 per 1,000 of the population as compared with a rate of 14.6 for the previous year and an average rate of 13.66 for the previous five years. The table on pages 16 and 17 gives in detail the total deaths from all causes classified in age and sex groups together with the death rates per 1,000 of the population.

From an analysis of this table it will be seen that the three principal causes of death

were heart disease, with a total of 200 deaths, malignant disease which accounted for 120 deaths and diseases of the nervous system including cerebral haemorrhage and cerebral thrombosis with a total of 101 deaths. The corresponding figures for 1951 were 219, 114 and 141 deaths respectively.

The sex and age distribution is set out as follows:-

Cause of Death	Total	Sex	AGE GROUPS										
			1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 & over
Heart Disease.....	101	Male	-	-	-	-	-	1	6	13	29	38	14
	99	Female	-	-	-	1	-	-	7	9	32	31	19
Malignant Diseases.....	56	Male	-	-	-	-	-	2	6	4	21	20	5
	64	Female	1	-	1	-	1	-	7	10	16	23	3
Diseases of Nervous System	35	Male	-	-	-	2	-	1	-	3	11	13	5
	66	Female	-	-	-	-	-	-	2	1	19	32	12

In the case of heart disease, 163 of the 200 deaths occurred among persons in the higher age groups from 65 years upwards, being equivalent to 81.5% of the total. Of the 120 deaths from malignant disease, 102 or 85% occurred amongst persons whose ages ranged from 65 years upwards and in the case of deaths from diseases of the nervous system 92 or 91% of the total of 101 related to persons over 65 years.

Deaths from all forms of tuberculosis numbered 11, being 4 males and 7 females and equivalent to a rate of 0.19 per 1,000 of the population. Further information relating to these deaths is given in the section of this report which deals with tuberculosis.

Epidemic diseases, which include typhoid fever, cerebro-spinal fever, scarlet fever, whooping cough, diphtheria, influenza and measles, accounted for only 3 deaths during the year, two from typhoid and one from measles, equivalent to a rate of 0.05 per 1,000 of the population. This figure shows a marked decline over that of 28 with a rate of 0.49 for 1951 and is well below the average rate of 0.29 for the years 1947-1951.

Deaths amongst children under one year of age numbered 24, of whom 16 died within the first four weeks of life, the rates being respectively equivalent to 25 and 17 per 1,000 live births. These figures are analysed in the section relating to Child Health and Welfare.

For the purpose of comparison with previous years, the principal causes of death for 1950, 1951, and 1952, together with the death rates per 1,000 of the population, are set out in the following table:

Cause of Death	1950		1951		1952	
	No.	Rate	No.	Rate	No.	Rate
Heart Disease.....	218	3.62	219	3.79	200	3.44
Other Diseases of the Circulatory System.....	26	0.43	35	0.61	36	0.62
Malignant Disease.....	126	2.09	114	1.98	120	2.06
Diseases of Nervous System, including Vascular Lesions.....	133	2.21	141	2.44	101	1.74
Ulcer of Stomach and Duodenum.....	11	0.18	7	0.12	14	0.24
Pneumonia.....	25	0.42	22	0.38	13	0.22
Tuberculosis (ALL forms).....	24	0.40	19	0.33	11	0.19
Nephritis and Nephrosis.....	18	0.31	22	0.38	10	0.17
Influenza.....	15	0.25	25	0.43	2	0.03

DEATHS FROM SPECIFIED CAUSES IN SEX AND AGE

	MALES									
	Under 4 weeks	4 weeks -	1 -	5 -	10 -	15 -	25 -	35 -	45 -	55 -
Tuberculosis of respiratory system.....	0	0	0	0	0	1	0	1	1	0
Tuberculosis, other forms.....	0	0	0	0	0	0	0	0	0	0
Syphilis and its sequelae.....	0	0	0	0	0	0	0	0	0	1
Typhoid fever.....	0	0	0	0	0	0	0	0	0	0
Dysentery, all forms.....	0	0	0	0	0	0	0	0	0	0
Scarlet fever and streptococcal sore throat.....	0	0	0	0	0	0	0	0	0	0
Diphtheria.....	0	0	0	0	0	0	0	0	0	0
Whooping Cough.....	0	0	0	0	0	0	0	0	0	0
Meningococcal infections.....	0	0	0	0	0	0	0	0	0	0
Acute Poliomyelitis.....	0	0	0	0	0	0	0	0	0	0
Measles.....	0	0	0	0	0	0	0	0	0	0
Other infectious and parasitic diseases.....	0	0	0	0	0	0	0	0	0	1
Malignant neoplasms.....	0	0	0	0	0	0	0	2	6	4
Benign and unspecified neoplasms.....	0	0	0	0	0	0	0	0	0	0
Diabetes mellitus.....	0	0	0	0	0	0	0	0	1	0
Anaemias.....	0	0	0	0	0	0	0	0	0	0
Other general diseases.....	0	0	0	1	0	0	1	0	0	0
Vascular lesions affection central nervous system.....	0	0	0	0	0	1	0	1	0	3
Nonmeningococcal meningitis.....	0	0	0	0	0	0	0	0	0	0
Other diseases of nervous system.....	0	0	0	0	0	1	0	0	0	0
Rheumatic fever.....	0	0	0	0	0	0	0	0	0	0
Chronic rheumatic heart disease.....	0	0	0	0	0	0	0	0	1	1
Arteriosclerotic and degenerative heart disease.....	0	0	0	0	0	0	0	1	5	11
Other diseases of heart.....	0	0	0	0	0	0	0	0	0	0
Hypertension with heart disease.....	0	0	0	0	0	0	0	0	0	1
Hypertension without heart disease.....	0	0	0	0	0	0	0	1	0	1
Other circulatory disease.....	0	0	0	0	0	0	0	0	0	2
Influenza.....	0	0	0	0	0	0	0	0	0	1
Pneumonia (except of newborn).....	0	2	0	0	0	0	0	1	0	0
Bronchitis.....	0	0	0	0	0	0	0	0	0	1
Other respiratory diseases.....	0	0	0	0	0	0	0	0	0	0
Ulcer of stomach and duodenum.....	0	0	0	0	0	0	0	0	2	4
Appendicitis.....	0	0	0	0	0	0	0	0	0	0
Intestinal obstruction and hernia.....	0	0	0	0	0	0	0	0	0	1
Gastritis and duodenitis.....	0	0	0	0	0	0	0	0	0	0
Diarrhoea (except of newborn).....	0	0	0	0	0	0	0	0	0	1
Cirrhosis of liver.....	0	0	0	0	0	0	0	0	0	0
Other diseases of liver.....	0	0	0	0	0	0	0	0	0	1
Other digestive diseases.....	0	0	0	0	0	0	0	0	0	0
Nephritis and nephrosis.....	0	0	0	0	0	0	0	1	0	1
Hyperplasia of prostate.....	0	0	0	0	0	0	0	0	0	0
Other diseases of genito-urinary system.....	0	0	0	0	0	0	0	0	0	1
Puerperal sepsis including post abortive sepsis.....	0	0	0	0	0	0	0	0	0	0
Other puerperal causes.....	0	0	0	0	0	0	0	0	0	0
Diseases of skin and organs of locomotion.....	0	0	0	0	0	0	0	0	0	0
Congenital malformations.....	0	1	0	0	0	0	0	0	0	0
Birth injuries, post natal asphyxia and atelectasis..	4	0	0	0	0	0	0	0	0	0
Pneumonia of newborn.....	2	0	0	0	0	0	0	0	0	0
Diarrhoea of newborn.....	0	0	0	0	0	0	0	0	0	0
Other infections of the newborn.....	0	0	0	0	0	0	0	0	0	0
Other diseases peculiar to early infancy.....	5	1	0	0	0	0	0	0	0	0
Senility.....	0	0	0	0	0	0	0	0	0	0
Causes ill-defined and unknown.....	0	1	0	0	0	0	1	0	1	2
Suicide.....	0	0	0	0	0	0	0	0	0	0
Motor vehicle accidents.....	0	0	0	1	0	1	3	0	1	0
Other road transport accidents.....	0	0	0	0	0	0	0	0	0	0
Other violence.....	0	0	0	0	1	7	3	2	2	1
	11	5	0	2	1	11	8	10	20	38

CARE OF MOTHERS AND YOUNG CHILDREN.

GENERAL.

In connection with the care of mothers and young children, the usual clinic and domiciliary facilities were provided during the year, details of these services being given in the separate sections dealing with Maternal and Child Health and Welfare.

For comparative purposes, tables are given to show how attendances at the ante and post-natal clinics run by the Regional Hospital Board are being maintained over a period of five years. The Local Authority child welfare clinics are still solely confined to the Lochaber area but consideration is being given to the extension of these facilities to other parts of the County.

It is regretted that in September, 1952, the Regional Hospital Board found it necessary, owing to shortage of accommodation at the Belford Hospital, Fort William, to give notice to the County Council that they would require to find alternative accommodation for the weekly Child Welfare Clinics which had been successfully conducted for a number of years at the Out Patient Department of that Hospital. In October an approach was made to the Committee of Management, Inverlochy Hall, who later signified their willingness to grant the use of their Hall for this purpose. It was anticipated that the Clinic would meet in the new premises in the Spring of 1953.

MATERNAL HEALTH AND WELFARE.

ANTE AND POST-NATAL SUPERVISION.

Details of the number of women who attended for ante-natal and post-natal supervision at the Regional Hospital Board Clinics held at Raigmore Hospital, Inverness and the Belford Hospital, Fort William, are set out below and cover the five year period from 1948-1952.

ANTE-NATAL EXAMINATIONS		
Year	Number of women who attended during year.	Total number of attendances made during year.
1948	234	711
1949	247	759
1950	290	880
1951	326	1236
1952	339	992

POST-NATAL EXAMINATIONS		
Year	Number of women who attended during year.	Total number of attendances made during year.
1948	122	122
1949	96	96
1950	133	133
1951	171	189
1952	193	242

These tables show that the attendances for ante and post-natal examinations are very satisfactory. In the case of ante-natal examination, the number of women attending has steadily increased over the five years, while, in the case of post-natal examination the number of women attending has been on the increase since 1949, the figure for that year having doubled itself in 1952. Even so, this figure for women who attended post-natally falls a long way short of the figure for women who attended ante-natally and once again emphasis is placed on the benefits to be derived from post-natal examination.

In the case of expectant mothers for whom attendance at the clinics was not practicable, an ante-natal service was provided by the Local Authority through the District Nursing Sisters under the guidance of the family doctors. A total of 3,557 such visits were paid by the District Nursing Sisters during the year, 516 of these being first visits.

MIDWIFERY SERVICES.

The usual supervision by the family doctors and the District Nursing Sisters was made available throughout the year for mothers who made arrangements to have their confinements in their own homes. In connection with these domiciliary confinements, each expectant mother is entitled to receive a maternity outfit and, in all, a total of 358 such outfits were supplied during the year through the District Nursing Sisters. The booking of hospital beds for maternity cases continued to be made through the Obstetricians at the ante-natal clinics or by application to the hospital concerned.

Although no definite steps were taken by the Regional Hospital Board during 1952, it was becoming more and more evident during the year that the increased demands being made for confinement bookings at the Maternity Unit, Raigmore Hospital must lead to a review of the position with the eventual establishment of a system of priorities.

The total number of births, live and still, notified as occurring in the County during the year, before correction for mother's residence was 420, classified as follows:-

(i) Total number of births occurring in the area during the year--that is before correction for mother's residence:-

Live Births.....	416	Still Births.....	4	Total.....	420
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(ii) Total number of births in (i) occurring in Institutions (including private maternity homes)..... 101

(iii) Total number of births in (i) occurring at home..... 319

(iv) Number of births in (iii) classified to show nature of attendance at birth:-

(1)	Cases dealt with under Section 23(2) of the National Health Service (Scotland) Act, 1947.			Other Domiciliary Cases				Total.
	Doctor engaged and present at confinement.	Doctor engaged and not present at confinement.	Midwife alone (no Doctor engaged).	Doctor and Midwife engaged.	Midwife alone (no Doctor engaged)	Without Doctor or Midwife.	All other cases.	
(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(9)
(a) Midwives employed by the Authority (including those engaged on a fee-per-case basis).	217	95	7	-	-	-	-	319
(b) Midwives employed by Voluntary Organisations under arrangements made by the Local Authority.	-	-	-	-	-	-	-	-
(c) Midwives employed by Hospital Boards of Management under arrangements made by the Authority with the Regional Hospital Board.	-	-	-	-	-	-	-	-
(d) Private practising Midwives	-	-	-	-	-	-	-	-
(e) Other cases not classified above	-	-	-	-	-	-	-	-
(f) Totals	217	95	7	-	-	-	-	319

The District distribution of these 420 births and details of the 101 births which occurred in hospitals situated in the County are set out below:-

District Distribution

District.	Inverness	Aird	Badenoch	Lochaber	Skye	Harris	North Uist	South Uist	Barra	Total
Live Births	38	26	24	87	93	48	23	49	28	416
Still Births	-	-	-	2	-	1	1	-	-	4

Hospital Confinements.

John Martin Hospital, Uig, Skye.....	78	
Lochmaddy Hospice, North Uist.....	10	
Maternity Unit, Fort George.....	12	
Belford Hospital, Fort William.....	<u>1</u>	101

A total of 515 births were notified as having occurred in Hospitals and Nursing Homes out- with the County, falling to be transferred in after correction for mother's residence. The details are as follows:-

Maternity Unit, Raigmore Hospital, Inverness.....	372	
Rossal Nursing Home (closed 1952).....	8	
Ian Charles Hospital, Grantown-on-Spey.....	47	
Glencoe Maternity Hospital, Ballachulish.....	27	
Glasgow Royal Maternity Hospital.....	22	
Lewis Hospital, Stornoway.....	20	
Town and County Hospital, Nairn.....	5	
Ross Memorial Hospital, Dingwall.....	3	
Southern General Hospital, Glasgow.....	3	
Miscellaneous Hospitals and Homes.....	<u>8</u>	515

The heavy demand for bookings at Raigmore Maternity Unit, already referred to earlier in this Report, is quite evident when it is noted that 372 of those 515 births, equivalent to approximately 72% took place in that hospital, the district distribution being as follows:-

Inverness District.	Aird	Badenoch	Lochaber	Skye	Outer Islands	Total
106	88	36	115	21	6	372

These bookings during 1952 came from all parts of the County and, on comparison with the District distribution for domiciliary births, it is seen that the preference for confinement in Hospital is a very marked one. Taking an all over picture - after correction for mother's residence - of the total births notified to the Public Health Department as having occurred during the year, 66% were hospital and 34% domiciliary confinements.

ADMINISTRATION OF ANALGESICS.

The position with regard to the administration of analgesics remained throughout 1952 as in 1951 with 54 midwives employed in Local Health Authority work so qualified and 53 sets of apparatus in use.

The number of cases in which gas and air was administered by midwives in domiciliary practice during the year was 80. In 12 of these cases the doctor was not present at delivery.

Pethidine was administered in 66 cases, in 10 of which the doctor was not present at delivery.

MIDWIVES ACT.

No notifications of intention to practise privately were received from midwives during the year.

NURSING HOMES.

The position remains unaltered, there being no Nursing Homes registered as Maternity Homes in the County.

MOTHER AND BABY HOMES.

In the 1951 Report reference was made to the approach made by the Treasurer, Aberdeen Mother and Baby Home, regarding financial assistance in meeting expenditure in connection with the maintenance of unmarried mothers from Inverness County who are admitted to the Home from time to time.

Although the County Council made a contribution to wipe out the balance outstanding in respect of the two cases brought to their notice in 1951, at that time no decision was reached in regard to their policy for future cases.

Particulars of two cases admitted to the Home during 1952 were submitted in March and July, the former case being in residence for a period of 15 weeks 5 days, while the latter was still in residence at the end of the year. Consideration as to the amount of financial help to be given to the Home in respect of these two cases was deferred until 1953.

DENTAL CARE OF EXPECTANT MOTHERS AND PRE-SCHOOL CHILDREN.

No progress was made during the year towards implementing the Council's undertaking to provide dental treatment for expectant mothers and pre-school children, the staffing position having remained practically the same throughout 1952 as at the end of 1951, the establishment being three dental officers and one dental attendant, with the addition of one part-time dental officer doing duty in the Outer Islands with headquarters at Lochboisdale. As mentioned in previous reports the further development of the School Dental Service to cover the categories referred to is bound up with staffing difficulties which are prevalent throughout the Country and not confined to any particular area. The Report by the Sub-Committee of the Scottish Health Services Council adopted by the Advisory Committee on the 14th February, 1952, gives a clear indication of the present position.

An opportunity was taken by the Medical Officer of Health to discuss the matter freely with the Chief Dental Officer of the Department of Health when he visited the area in September and, on his recommendation, the Health and Welfare Committee agreed that the dental establishment to be aimed at for more immediate needs should be six dental officers including one Chief Dental Officer. As a preliminary step it was also agreed that the appointment of a Chief Dental Officer should be proceeded with as soon as possible. Accordingly the post was advertised and interviews of likely applicants carried out in December, with reasonable prospects of an appointment being made early in 1953.

PUERPERAL FEVER AND PUERPERAL PYREXIA.

No cases of puerperal fever or puerperal pyrexia were notified during the year.

MATERNAL DEATHS.

It was hoped to be able to report that there had been no maternal deaths in the County for three years in succession but it is regretted that one occurred early in December, 1952. The patient, a resident in South Uist, in the age group 35/45, died at home approximately eight hours after the confinement, the child being alive and normal. The cause of death, as certified, was cerebral haemorrhage.

The maternal death rate for the year, per 1,000 total births, live and still, is thus 1.02. Comparative figures for the six years 1947-1952 are set out in the following table:-

	Rate per 1,000 total Births, Live and Still.					
	1947	1948	1949	1950	1951	1952
Inverness County.....	2.8	4.9	1.9	Nil	Nil	1.02
Scotland.....	2.0	1.5	1.3	1.1	1.1	1.0

CHILD HEALTH AND WELFARE.

CHILD WELFARE CLINICS.

As in previous years, clinics conducted by the Surgeon Superintendent of the Belford Hospital

were held weekly at Annat and Fort William in the Lochaber area while clinic facilities for Army personnel were also provided by a voluntary organisation at the Barracks, Fort George.

The following table, classifying the children into the age groups under one year and over one year of age, sets out the attendances during the year:-

	No. of Clinics provided at end of year	No. of children attending the clinics during year and who on the date of their first attendance this year were:-		Total No. of attendances made during year by children who at the time of attendance were:-	
		Under 1 year of age	Over 1 year of age	Under 1 year of age	Over 1 year of age
Local Health Authority Clinics....	Two	109	82	1,728	907
Clinics provided by Voluntary Organisations.....	One	23	14	320	86

† "Clinics" means Clinic premises, not sessions.

The attendances compare favourably with previous years.

HOME VISITATIONS.

The District Nursing Sisters, acting in their capacity as Health Visitors carried out regular visitation during the year to all pre-school children resident in their areas. Details of these visits are as follows:-

Children under 1 year of age		Children between the ages of 1 and 5	
Number visited	Total visits	Number visited	Total Visits
734	8,558	1,216	8,567

This regular visitation to pre-school children forms an important part of the duties of the District Nursing Sisters who enter details of the child's progress on the Health Record Cards and give sound and helpful advice to the mothers of these young children.

In addition to the records kept relating to children whose place of residence at birth is within the County, there is also a follow-up scheme whereby children from other areas being transferred into the County are placed under the supervision of the District Nursing Sisters. Likewise, for children leaving the County, similar facilities are afforded in the area to which they are transferred. This arrangement is made possible by the co-operation of Local Authorities in notifying each other of the names and new addresses of any children who remove from one County to another. In connection with these arrangements during 1952 records of 228 children were dealt with as transfers into the County while records relating to 134 children who went to reside elsewhere were forwarded to the Authorities concerned. Likewise, transfer and follow up records were kept of 88 children whose place of residence changed from one district to another within the County, in each case the District Nurses being notified of the new arrivals into their area.

This follow-up system is invaluable as it preserves continuity of supervision for a considerable number of children.

DAY NURSERIES.

There are no day nurseries in the County of Inverness.

RESIDENTIAL NURSERIES AND CHILDREN'S HOMES.

During the year negotiations were completed for the purchase of Rosedene, Inverness, with a view to its adaptation as a Children's Home for the County of Inverness and it was anticipated that the Home would be ready for occupation before the end of 1953. This Home will be run under the auspices of the Children's Department although it is hoped that cases coming under Sections 22 and 27 of the National Health Service (Scotland) Act, 1947, will be admitted as required.

It was necessary, during 1952, to make provision for five children from the County and the required accommodation was found, as in 1950 and 1951, in the Seaforth Home, Maryburgh, Ross-shire. Of these five children, one was admitted under Section 22 while the remaining four were admitted under Section 27 of the National Health Service (Scotland) Act, 1947.

OPHTHALMIA NEONATORUM.

No notifications of Ophthalmia Neonatorum were received during the year.

INFANT DEATHS.

The number of infants, i.e. children under 1 year of age, who died during 1952 was 24, of whom 16 were males and 8 were females, being equivalent to a rate of 25 per 1,000 live births.

Comparative infant mortality rates in the County of Inverness and in Scotland generally for the period from 1947-1952 are set out in the following table:-

	Rate per 1,000 live births.					
	1947	1948	1949	1950	1951	1952
County of Inverness.....	42	34	36	40	28	24
Scotland.....	56	45	41	39	37	35

It is gratifying to note that there has been a further decline in the rate for Inverness County the figure being consistently below that for all Scotland, with the exceptions of the year 1950 when the rate was very slightly higher.

The causes of death with corresponding age groups are set out in table form:-

Causes of Death among Children under 1 year of age.

	Under 1 week.	1 and under 2 wks.	2 and under 3 wks.	3 and under 4 wks.	Total under 4 wks.	4 weeks and under 3 months.	3 months and under 6 months.	6 months and under 9 months.	9 months and under 12 months.	Total under 12 months.
Prematurity.....	6	0	0	0	6	0	0	0	0	6
Pneumonia (including Broncho- pneumonia).....	-	1	0	1	2	1	1	-	1	5
Congenital Debility.....	1	0	0	-	1	1	0	-	0	2
Asphyxia Neonatorum.....	2	0	0	-	2	-	0	-	-	2
Icterus Gravis Neonatorum....	1	0	0	0	1	0	0	-	-	1
Intra-cranial Haemorrhage....	2	0	0	0	2	-	-	-	-	2
Infantile Convulsions.....	-	0	0	-	-	-	1	0	-	1
Pneumococcal Meningitis.....	-	0	0	-	-	1	-	-	-	1
Cerebral Aphasia	-	0	0	-	-	-	1	0	-	1
Congenital Pulmonary Stenosis	-	0	0	-	-	-	-	1	-	1
Congenital Atelectasis.....	1	0	0	-	1	-	-	-	-	1
Hydrocephalus and Spina Bifida.....	1	-	-	-	1	-	-	0	-	1
	14	1	0	1	16	3	3	1	1	24

Of the total 24 deaths, 16 or 66²/₃%, occurred within the first four weeks of life being equivalent to a neo-natal mortality rate of 17, calculated from the number of deaths in infants under one month per 1,000 live births. 14 of these 16 deaths occurred in the first week of life and 12 of the 16 died in hospital and 4 at home. Of the remaining 8 who survived the first four weeks, 2 died in hospital and 6 at home.

MORTALITY IN PRE-SCHOOL CHILDREN.

It is gratifying to note that during the year there were only 3 deaths among children between the ages of 1 and 5 years. None of these three deaths was due to accidents.

H O M E N U R S I N G .

The total establishment of nurses in the County at the end of 1952 number²¹ 57 with 49 cars in use. As stated in previous Reports, the provision of cars for those nurses whose districts are in more isolated parts of the County greatly facilitates their work. In fact, in some areas, the use of a car is an absolute necessity if the District Nurse is to be expected to carry out her duties efficiently.

The District Nurses, in their capacity as Home Nurses, attended in all 11,569 patients in their own homes, the total attendances involved numbering 98,576. These figures compare satisfactorily with the records for previous years. The District Nurses have their time fully occupied, for in addition to their home nursing duties they provide a midwifery service, a health visiting service for the pre-school child and also a health visiting service for domiciliary tuberculosis cases. They are also in attendance at school medical inspections and more recently they have been doing useful work in connection with the Home Help service.

Statistical information relating to their various duties are given in the appropriate section of this Report.

For those patients being nursed at home medical equipment continued to be made available. In all 71 articles were on loan during the year.

H O M E H E L P S C H E M E .

The Home Help Scheme, inaugurated by the Council towards the end of 1950 and continued on a small scale throughout 1951, expanded rapidly during 1952 and by the end of the year domestic assistance had been provided for, in all, a total of 43 households.

In each case a report on the home conditions was submitted to the Superintendent Nursing Officer by the District Nursing Sister for the area and the need for domestic assistance proved to be a real one before employment of the home help was sanctioned by the Public Health Department, only women considered suitable by the District Nursing Sisters for this type of work being engaged as home helps. The co-operation of the District Nursing Sisters in the working of the Home Help Scheme is of the greatest value to the Superintendent Nursing Officer. In all 120 visits, to obtain first-hand information, were paid by them to applicants during the year.

Applications of a varied nature were received from all parts of the County, the following table indicating the district distribution of these applicants:-

District.	Inverness	Aird	Badenoch	Lochaber	Skye	Outer Islands	Total
No. of Home Helps provided	2	4	4	6	8	19	43

The assistance given ranged from a few hours daily to full-time help and from short to indefinite periods, the number of hours for which it was arranged that the home help should work being kept to the minimum compatible with meeting the needs of the home.

Applications came from the different categories of households covered by the Scheme, proving that there exists in the County a real need for such a service and the Council feel justified in having initiated it. The following grouping gives an idea of the type of case receiving assistance:-

Households where there is:-

(a) A person who is ill.....	12
(b) An expectant mother or lying-in mother.....	9
(c) A mentally defective person.....	1
(d) a chronic sick person.....	9
(e) An aged person.....	11
(f) A child not over school age within the meaning of the Education (Scotland) Act, 1946.....	1

In particulars it will be noted that the Scheme has done much to alleviate the distress of aged chronic sick persons who are not suitable cases for hospital but who are too infirm to be left to their own resources day in, day out, the home help giving that few hours of assistance which is sufficient to enable them to carry on in their own homes. In all, 20 such cases were given help up to the end of 1952.

Administratively, the scheme is fraught with difficulties and it is only in the light of the experience being gained in its day to day working that these difficulties are being resolved. No two cases are alike and each fresh application usually reveals some new point on which it is necessary to have a fixed ruling. Thus a set of established rules is being built up gradually as a foundation for the smooth working of the Scheme.

From the financial point of view it became obvious before 1952 was well advanced that great difficulty would be experienced in endeavouring to recover from the families assisted reasonable contributions towards the cost of the service. Although an assessment of each applicant's ability to pay had been made from the commencement of the scheme even small contributions were not forthcoming without pressure. Accordingly, after due consideration had been given to the matter, towards the end of the year it was decided to impose payment of at least a minimum charge of 1/6d per day on all applicants for the services of a home help. The date fixed was 28th November, 1952, the position to be reviewed later on should the Association of County Councils in Scotland recommend a standard scale of charges. All those persons to whom the new arrangement was applicable were forthwith notified of the Council's decision while, at the same time, an assurance was given by the National Assistance Board that they would co-operate in assisting needy persons to pay this minimum charge. After the necessary adjustments had been made, by the end of the year it appeared as if this financial arrangement promised to work reasonably well although it was anticipated that there would always be a few applicants who would allow their payments to fall into arrears.

In spite of all the difficulties being encountered, taken as a whole, it can be stated that good progress has been made towards the establishment of the Scheme on a workable basis.

V A C C I N A T I O N A N D I M M U N I S A T I O N .

GENERAL.

The arrangements for vaccination against smallpox and immunisation against diphtheria and whooping cough continued during 1952 as in previous years. The onus of impressing upon the parents the advisability of having their children vaccinated and immunised early in life rests mainly with the District Nursing Sisters who can make the personal contact which is of so much value for propaganda purposes.

The records submitted by general practitioners, the school medical officers and the District Nursing Sisters make it possible to estimate approximately from time to time the number of vaccinations and immunisations being carried out, among all age groups, throughout the County.

With regard to the records submitted by the general practitioners it is now an established procedure for payments of the standard fee to be made twice yearly.

VACCINATION.

The bulk of the work under this section is carried out by the family doctors while those resident in the Lochaber area take advantage of the clinic facilities at Fort William and Annat. The following table sets out details of the vaccinations and revaccinations during the year, giving year of birth and type of reaction. No cases were reported to the Public Health Department because of any complication arising as a result of vaccination.

Number of Persons Primarily Vaccinated during Period.				
Year of Birth	Typical vaccinia greatest at 7-10th day	Accelerated (vaccinoid) reaction 5-7th day	Reaction greatest at 2nd-3rd day	No Local Reaction
1952	145	1	-	8
1951	116	1	-	5
1950	23	1	-	-
1949	13	-	-	-
1948	5	-	-	-
1947	11	-	-	-
1946	3	-	-	-
1945	1	-	-	-
1944	1	-	-	-
1943	1	-	-	-
1942	-	-	-	-
1941	-	-	-	-
1940	-	-	-	-
1939	-	-	-	-
1938	-	-	-	-
1937	8	-	-	-
or earlier				
Totals	327	3	-	13

Number of Persons Re-Vaccinated during Period.				
Year of Birth	Typical vaccinia greatest at 7-10th day	Accelerated (vaccinoid) reaction 5-7th day	Reaction greatest at 2nd-3rd day	No. Local Reaction
1952	-	-	-	-
1951	-	-	-	-
1950	1	-	-	-
1949	-	-	-	-
1948	3	1	1	-
1947	-	1	-	-
1946	1	-	-	-
1945	-	-	1	-
1944	-	2	-	-
1943	-	1	1	-
1942	-	1	-	-
1941	-	-	1	-
1940	-	-	-	-
1939	-	-	-	-
1938	-	-	-	-
1937	27	21	10	3
or earlier				
Totals	32	27	14	3

DIPHTHERIA IMMUNISATION AND COMBINED DIPHTHERIA AND WHOOPING COUGH IMMUNISATION.

As in the case of vaccination against smallpox the work of immunisation was carried out by the family doctors while a proportion attended for this purpose at the Lochaber Child Welfare Clinics. In addition to these immunisations of pre-school children, advantage was taken of the School Medical Service in the case of children who had not been done before reaching school age. A large number of maintenance inoculations were also given under the School Medical Service.

The complete table is set out below giving the numbers immunised against diphtheria and against diphtheria and whooping cough combined, classified according to year of birth:-

Year of Birth	Full Course			Maintenance		
	Diphtheria	Diphtheria and Whooping Cough	Total	Diphtheria	Diphtheria and Whooping Cough	Total
	1	2	3	4	5	6
1952	3	8	11	-	-	-
1951	129	77	206	-	-	-
1950	41	25	66	1	-	1
1949	19	4	23	-	-	-
1948	12	2	14	7	-	7
1947	20	2	22	128	1	129
1946	171	2	173	170	-	170
1945	101	-	101	47	-	47
1944	18	-	18	6	-	6
1943	5	-	5	7	-	7
1942	8	-	8	5	-	5
1941	6	-	6	4	-	4
1940	5	-	5	1	-	1
1939	1	-	1	3	-	3
1938	-	-	-	-	-	-
1937	1	1	2	1	2	3
or earlier						
Totals	540	121	661	380	3	383

The figures entered in Columns 2 and 5 which relate to the combined course, represent entirely work carried out by the general practitioners. Columns 1 and 4, showing the numbers inoculated against diphtheria only are further analysed thus:-

Year of Birth	Diphtheria - Full Course			Diphtheria - Maintenance		
	General Practitioners and Clinics	School Medical Service	Totals	General Practitioners and Clinics	School Medical Service	Totals
	1	2	3	4	5	6
1952	3	-	3	-	-	-
1951	125	4	129	-	-	-
1950	36	5	41	1	-	1
1949	14	5	19	-	-	-
1948	9	3	12	2	5	7
1947	11	9	20	8	120	128
1946	5	166	171	2	168	170
1945	2	99	101	-	47	47
1944	-	18	18	-	6	6
1943	1	4	5	-	7	7
1942	1	7	8	-	5	5
1941	-	6	6	-	4	4
1940	-	5	5	-	1	1
1939	-	1	1	-	3	3
1938	-	-	-	-	-	-
1937	-	1	1	1	-	1
or earlier						
Totals	207	333	540	14	366	380

Of the total of 207 children who received a full course of immunisation against diphtheria - column 1 - approximately 31% were done at the Local Health Authority clinics in Lochaber, while the School Medical Service was responsible for 76% of the all-over work done under this section.

PREVENTION OF ILLNESS, CARE AND AFTER CARE.

TUBERCULOSIS.

GENERAL.

Co-operation with the Regional Hospital Board and the General Practitioners in the area in regard to the treatment and prevention of tuberculosis continued as in previous years, the Local Authority's share of the work being directed towards measures for controlling the spread of infection through the checking of contacts, the supervision of domiciliary cases and the after-care of persons who have suffered from tuberculosis.

NEW NOTIFICATIONS.

The number of cases notified during the year 1952 in which diagnosis of tuberculosis was confirmed was 77, being 9 cases fewer than in 1951 and 3 cases fewer than in 1950. In spite of this slight decrease, however, new notifications still remain at a high level and it would give a false picture of the position to minimise the magnitude of the problem to be tackled.

These 77 new cases grouped into respiratory and non-respiratory forms with sex and district distribution are detailed in the Table 1, Skye and the Outer Islands showing the highest totals. Again in Table II a classification is made into age and sex groups, with details of the numbers admitted to hospital.

On analysing Table II it is seen that in the respiratory section the most vulnerable age group was again between 15 and 35, which accounted for 40 or 71% of the new cases. Of these, 17 or 30% were males and 23 or 41% were females. Hospital admissions within the year of notification were again stepped up - being approximately 92% as against 76% for 1951, 69% in 1950, 50% in 1949 and 31% in 1948. Treatment in hospital in the early stages of the disease doubtless accounts in no small degree for the declining death rate.

Table III traces the incidence rate of the disease per 1,000 of the population over the past decade.

Table 1.

Return of Confirmed Cases of Tuberculosis notified during the year in Sex and District Distribution.

Number of Cases notified as suffering from Tuberculosis.									
	Inverness	Aird	Badenoch	Lochaber	Kingussie	Fort William	Skye	Outer Islands	Total
Respiratory..... (Males (Females	- 5	5 2	2 3	2 3	1 -	- 1	6 4	13 9	29 27
Total	5	7	5	5	1	1	10	22	56
Non-Respiratory..... (Males (Females	2 1	2 1	- 1	3 2	- -	1 1	- 4	1 2	9 12
Total	3	3	1	5	-	2	4	3	21
Respiratory and Non-Respiratory	2 6	7 3	2 4	5 5	1 -	1 2	6 8	14 11	38 39
Grand Total	8	10	6	10	1	3	14	25	77

Table II.

Return of Cases of Tuberculosis notified during the Year in Age and Sex Distribution.

	Number of Cases diagnosed as suffering from Tuberculosis										Cases removed to hospital	Cases notified in a previous year and removed to hospital for the first time during 1952.
	Age Groups											
	Under 1	1 and under 5	5 and under 10	10 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 65	65 and upwards	Total		
Respiratory..... (Males (Females)	- -	2 -	1 -	1 -	7 17	10 67	5 3	3 1	- -	29 27 28	28 23	3 -
Total	-	2	1	1	24	16 77	8	4	-	56 57	51	3
Non-Respiratory..... (Males (Females)	- -	2 1	- 3	3 -	3 3	- 2	- 1	1 2	- -	9 12	8 12	- -
Total	-	3	3	3	6	2	1	3	-	21	20	-
Respiratory and Non-Respiratory..... (Males (Females)	- -	4 1	1 3	4 -	10 20	10 87	5 4	4 3	- -	38 39 40	36 35	3 -
Grand Total	-	5	4	4	30	18 79	9	7	-	77 78	71	3

Table III

Return of Confirmed cases of Tuberculosis notified during the Period 1940-1952.

	Number of cases notified during the period 1940-1952													
	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	
Respiratory..... (Males (Females Total	22 18 40	20 20 40	25 29 54	38 33 71	29 19 48	38 29 67	36 26 62	43 31 74	41 35 76	36 44 80	33 27 60	35 24 59	29 27 56	
	0.71	0.69	0.92	1.25	0.86	1.23	1.13	1.28	1.35	1.39	1.00	1.02	0.96	
	11 9 20	9 7 16	15 13 28	9 14 23	14 12 26	5 5 10	13 11 24	13 8 21	14 6 20	9 9 19	11 9 20	12 15 27	9 12 21	
	0.35	0.27	0.48	0.41	0.46	0.18	0.43	0.36	0.36	0.31	0.33	0.47	0.36	
Non-Respiratory..... (Males (Females Total	33 27 60	29 27 56	40 42 82	47 47 94	43 31 74	43 34 77	49 37 86	56 39 95	55 41 96	45 53 98	44 36 80	47 39 86	38 39 77	
	1.06	0.96	1.40	1.66	1.32	1.41	1.56	1.64	1.71	1.70	1.33	1.49	1.33	
Respiratory and Non-Respiratory..... (Males (Females Total	33 27 60	29 27 56	40 42 82	47 47 94	43 31 74	43 34 77	49 37 86	56 39 95	55 41 96	45 53 98	44 36 80	47 39 86	38 39 77	
	1.06	0.96	1.40	1.66	1.32	1.41	1.56	1.64	1.71	1.70	1.33	1.49	1.33	

Although there is no indication that there is any definite downward trend in the incidence, still, the all-over rate of 1.33 for 1952 is below the average of 1.51 for the period from 1943-1952.

The number of persons resident in the County at 31st December, 1952, who were known to be suffering from tuberculosis, both respiratory and non-respiratory are detailed in age and sex groups in Table IV. This Table is built up on the information made available throughout the year, the names of those patients who have died during the year or gone to reside elsewhere, likewise the names of those patients who have satisfied the test that there has been complete absence of symptoms for at least five years in the case of respiratory tuberculosis and for at least three years in the case of non-respiratory tuberculosis, being deleted, while the names of new notifications and transfers-in from other areas are added to the Register.

Table IV.

Residents in the County at 31st December, 1952, who were known to be suffering from Tuberculosis.

	Number of Cases in Age-Groups									
	Under 1	1 and under 5	5 and under 10	10 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 65	65 and upwards	Total
<u>Respiratory</u>										
1. Sputum or other material exam-ined and tubercle bacilli found.	(Males 127)	(Females 96)								
2. Sputum or other material exam-ined and tubercle bacilli never found.	(Males 65)	(Females 64)								
3. Sputum or other material not examined.	(Males 45)	(Females 44)								
Total	0	4	1	7	143	164	73	47	2	441
<u>Non-Respiratory</u>										
1. Abdominal.	(Males 4)	(Females 8)								
2. Spine.....	(Males 19)	(Females 12)								
3. Bones and Joints (exclusive of spine)	(Males 42)	(Females 25)								
4. Superficial Glands.....	(Males 17)	(Females 21)								
5. Lupus.....	(Males 0)	(Females 1)								
6. Other parts or organs.....	(Males 12)	(Females 14)								
Total	0	8	19	28	37	45	16	18	4	175
Respiratory and Non-Respiratory										
Total	0	12	20	35	180	209	89	65	6	616

DEATHS.

It is gratifying to note that there has been a substantial decrease during 1952 in the total number of deaths from all forms of tuberculosis. In all 11 deaths were recorded, 10 being respiratory cases - 4 males and 6 females - and the remaining case being one female in the non-respiratory group. The death rate is equivalent to 0.19 per 1,000 of the population.

Details of these deaths, with age, sex and district grouping and with particulars as to the period elapsing between notification and death and between discharge from an Institution and death are set out in tables (a), (b) and (c). It will be noted from Table (c) that 8 of the 10 respiratory deaths related to patients who had been notified as suffering from the disease for over two years.

Table (a)

	1 and under 5	15 and under 25	25 and under 35	35 and under 45	45 and under 65	65 and upwards	Total
Respiratory..... (Males	-	1	-	1	1	1	4
(Females	-	1	3	1	1	-	6
Respiratory Total	-	2	3	2	2	1	10
Non-Respiratory.. (Males	-	-	-	-	-	-	-
(Females	1	-	-	-	-	-	1
Non-Respiratory Total	1	-	-	-	-	-	1

Table (b)

District Distribution.

Inverness	Aird	Badenoch	Lochaber	Skye	Outer Islands	Total
-	1	2	2	3	3	11

Table (c)

rouping in relation to Notification and Death and Discharge from Institution and Death.

	Respiratory		Non-Respiratory	
	Males	Females	Males	Females
Number of persons who died from tuberculosis	4	6	-	1
Of whom				
Not notified or notified only at or after death....	1	1	-	-
Notified less than 1 month before death.....	-	-	-	1
Do. from 1 to 3 months before death.....	-	-	-	-
Do. from 3 to 6 months before death.....	-	-	-	-
Do. from 6 to 12 months before death.....	-	-	-	-
Do. from 1 to 2 years before death.....	-	-	-	-
Do. over 2 years before death.....	3	5	-	-
Total.....	4	6	-	1
Number who died within 28 days after discharge from an Institution.....	-	-	-	-
Number who died more than 28 days after discharge from an Institution.....	1	1	-	-

As in former years, the majority of deaths fall into the respiratory group, table (d) bringing out the rise and fall over the years from 1945-52. It is gratifying to note that there has been a steady downward trend during the past three years. The Graph on page 37 gives a clear picture of the yearly fluctuations in the actual cases notified and the deaths which occurred over the period from 1940-1952.

Table (d)

Respiratory Deaths

Year	Total Deaths	Rate per 1,000 of Population.
1945	31	0.57
1946	30	0.54
1947	28	0.49
1948	42	0.75
1949	42	0.73
1950	22	0.37
1951	15	0.26
1952	10	0.17

This downward trend is also apparent when comparing the percentage of tuberculosis deaths to total deaths all forms in the County during the years 1945-1952 as sent out in Table (e).

Table (e)

Percentage of Tuberculosis Deaths to Total Deaths

Year	Total Deaths from Tuberculosis	Total Deaths from All Causes	Percentage of Tuberculosis Deaths to Total Deaths.
1945	38	732	5.2
1946	36	808	4.5
1947	38	823	4.6
1948	48	715	6.7
1949	50	764	6.5
1950	24	806	3.0
1951	19	842	2.3
1952	11	677	1.6

INSTITUTIONAL TREATMENT

Hospital facilities in the area remained during 1952 as in 1951, beds being available for the treatment of tuberculosis as listed in the 1951 Report. In addition, some of our cases were treated in hospitals and sanatoria elsewhere.

The following table groups those cases with their home residence in the area who received treatment in sanatoria or other institutions throughout the year.

Number of Patients							
		In Institu- tions on January 1st	Admitted during the year	Discharged during the year	Died in the Institutions*		In Institu- tions on December, 31st
		1	2	3	4	5	6
Respiratory	(Adults ^b (Males	35	58	53	1	-	39
	((Females	42	51	58	4	-	31
	(Children (Males	1	2	2	-	-	1
	((Females	-	1	1	-	-	-
Non-Respiratory	(Adults ^b (Males	3	9	11	-	-	1
	((Females	2	7	8	-	-	1
	(Children (Males	2	3	3	-	-	2
	((Females	1	3	2	-	1	1
Total		86	134	138	5	1	76

*Column 4 shows those who were in final residence 28 days or over.

*Column 5 shows those who were in final residence under 28 days.

*All patients of 15 years and upwards are classed as adults.

DOMICILIARY TREATMENT.

Tuberculosis patients being nursed in their own homes received regular supervision by the District Nursing Sisters. In all 489 patients were visited with a total of 4,862 visits.

Throughout the year several necessitous cases again benefitted by receiving free supplies of milk and cod liver oil, these cases being recommended by the Tuberculosis Physician and the charge met by the Local Authority. In all a total sum of £172 was spent during 1952 on the provision of this extra nourishment.

At the end of 1952, three shelters were in use for tuberculous patients, one patient being resident in Lochaber and two in North Uist. For a patient in Skye whose relatives erected a shelter for his use on discharge from hospital, a grant of £30 towards the cost was made by the Local Authority.

B.C.G. VACCINATION.

Up to the end of 1952 the Local Authority's main work under this heading came within the Section relating to the tuberculin testing and vaccination of contacts of tuberculosis patients.

The figures for 1952 as set out in the following table compare favourably with those for 1951, there being a substantial increase in the total number vaccinated.

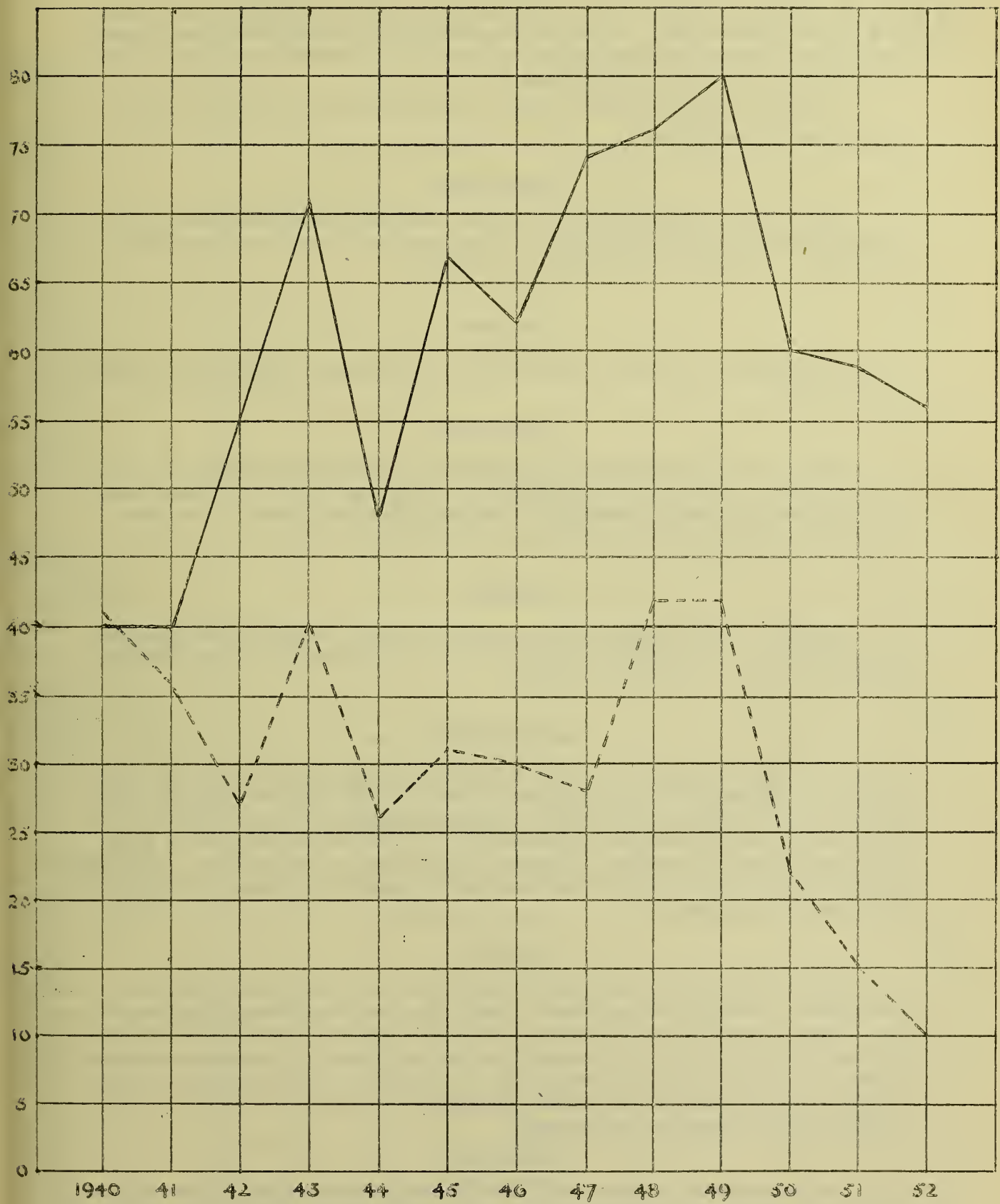
	Tuberculin Tested		Negative re-actors		Vaccinated during 1952	
	M	F	M	F	M	F
(1) Nurses	12	29	-	1	-	-
(2) Medical Students..	-	-	-	-	-	-
(3) Contacts.....	92	115	53	65	41	51
(4) Special Groups not included in (1) to (3) above:-						
(a) School leavers..	-	-	-	-	-	-
(b) New born babies	-	-	-	-	-	-
(5) Others.....	3	10	-	-	-	-

PULMONARY TUBERCULOSIS.

New Notifications and Deaths.

————— New Notifications.

- - - - - Deaths.



INFECTIOUS DISEASES.

GENERAL.

The total number of cases of infectious disease notified during 1952 fell to slightly more than half the total for 1951. In all 156 cases, being 67 males and 89 females, were brought to the notice of the Medical Officer of Health. Again as in 1950 and 1951 more than half of the 156 cases were attributable to whooping cough.

The tables on pages 38 and 39 give details of the notified cases, setting out the age, sex and district distribution.

WHOOPIING COUGH.

In all 94 cases of whooping cough were notified to the Public Health Department, 83 of which occurred in the Inverness District. With one exception all were in the age groups up to 15 years. No deaths were attributable to this cause.

DIPHTHERIA.

It is gratifying to be able to report that there were no cases of diphtheria in the County during the year.

SCARLET FEVER.

A total of 24 cases of scarlet fever were notified to the Public Health Department, comprising 18 females and 6 males, Aird and Badenoch districts accounting for 15 of these cases. Only 6 patients were removed to hospital, the remainder being nursed at home. The disease continued in its mild form, all the cases making a satisfactory recovery.

ERYSIPELAS.

Seven cases of this disease were reported during the year, of which three were males and four were females. All occurred in persons over the age of 35 years and 4 of these required treatment in hospital. There were no deaths.

PARATYPHOID FEVER.

One case of paratyphoid fever was encountered during the year, the infected person being the wife of a dairyman working on a farm near Inverness, the onset being the end of May. The contacts, namely her husband and his employer, were excluded and checked bacteriologically, the milk from the dairy being diverted for pasteurisation. No carrier or latent case was found. Almost simultaneously, five cases of paratyphoid fever occurred in Inverness Burgh. These cases and their contacts were intensively investigated but the source of the disease and its mode of spread were not discovered.

DYSENTERY.

A total of twelve cases of dysentery were notified during the year, being ten males and two females. All were of the Sonne type. Eight of the cases occurred amongst children in farm cottages attached to a dairy farm near Inverness, the children infecting each other. At the onset the milk from the farm was diverted for pasteurisation and all contacts connected with the dairy excluded until repeated bacteriological tests were carried out. The other four cases were sporadic in character, investigation of the family contacts being negative and enquiry into the possible source of infection yielding no information of significance.

POLIOMYELITIS.

It is gratifying to be able to state that only one case of poliomyelitis was notified during the year, the victim being a woman from Glasgow, temporarily resident in Skye. She was removed to hospital and discharged after approximately one month's treatment.

INFECTIOUS DISEASES.

Return of Cases of Infectious Disease (excluding Tuberculosis) notified during the year ended 31st December, 1952.

Disease.		Number of cases coming to the knowledge of the Medical Officer of Health and accepted by him as suffering from the stated disease.										
		At all ages	Under 1	1 and under 5	5 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 65	65 and upwards	Cases removed to Hospital	Cases not removed to Hospital
Cerebro-Spinal Fever.	M	0	0	0	0	0	0	0	0	0	0	0
	F	0	0	0	0	0	0	0	0	0	0	0
Chickenpox.....	M	0	0	0	0	0	0	0	0	0	0	0
	F	0	0	0	0	0	0	0	0	0	0	0
Cholera.....	M	0	0	0	0	0	0	0	0	0	0	0
	F	0	0	0	0	0	0	0	0	0	0	0
Continued Fever.....	M	0	0	0	0	0	0	0	0	0	0	0
	F	0	0	0	0	0	0	0	0	0	0	0
Diphtheria.....	M	0	0	0	0	0	0	0	0	0	0	0
	F	0	0	0	0	0	0	0	0	0	0	0
Dysentery.....	M	10	0	3	4	1	0	1	1	0	2	8
	F	2	0	1	1	0	0	0	0	0	0	2
Encephalitis.....	M	0	0	0	0	0	0	0	0	0	0	0
Lethargica	F	0	0	0	0	0	0	0	0	0	0	0
Erysipelas.....	M	3	0	0	0	0	0	2	1	0	2	1
	F	4	0	0	0	0	0	2	1	1	2	2
Jaundice, Acute	M	0	0	0	0	0	0	0	0	0	0	0
Infective	F	0	0	0	0	0	0	0	0	0	0	0
Malaria.....	M	2	0	0	0	1	1	0	0	0	2	0
	F	0	0	0	0	0	0	0	0	0	0	0
Measles.....	M	1	0	0	0	0	1	0	0	0	1	0
	F	0	0	0	0	0	0	0	0	0	0	0
Ophthalmia	M	0	0	0	0	0	0	0	0	0	0	0
Neonatorum	F	0	0	0	0	0	0	0	0	0	0	0
Plague.....	M	0	0	0	0	0	0	0	0	0	0	0
	F	0	0	0	0	0	0	0	0	0	0	0
Pneumonia, Acute	M	0	0	0	0	0	0	0	0	0	0	0
Influenzal	F	0	0	0	0	0	0	0	0	0	0	0
Pneumonia, Acute	M	4	0	2	1	1	0	0	0	0	0	4
Primary	F	6	0	1	3	0	0	2	0	0	0	6
Pneumonia, (not other-	M	1	0	0	0	1	0	0	0	0	1	0
wise notifiable	F	3	1	0	1	0	0	0	1	0	1	2
Polioomyelitis, Acute.	M	0	0	0	0	0	0	0	0	0	0	0
	F	1	0	0	0	0	1	0	0	0	1	0
Puerperal Fever.....	M	0	0	0	0	0	0	0	0	0	0	0
	F	0	0	0	0	0	0	0	0	0	0	0
Puerperal Pyrexia....	M	0	0	0	0	0	0	0	0	0	0	0
	F	0	0	0	0	0	0	0	0	0	0	0
Scarlet Fever.....	M	6	0	2	3	0	1	0	0	0	2	4
	F	18	0	1	14	2	0	0	0	1	4	14
Smallpox.....	M	0	0	0	0	0	0	0	0	0	0	0
	F	0	0	0	0	0	0	0	0	0	0	0
Typhoid Fever.....	M	0	0	0	0	0	0	0	0	0	0	0
	F	0	0	0	0	0	0	0	0	0	0	0
Para-Typhoid A.....	M	0	0	0	0	0	0	0	0	0	0	0
	F	0	0	0	0	0	0	0	0	0	0	0
Para-Typhoid B.....	M	0	0	0	0	0	0	0	0	0	0	0
	F	1	0	0	0	0	0	1	0	0	1	0
Typhus Fever.....	M	0	0	0	0	0	0	0	0	0	0	0
	F	0	0	0	0	0	0	0	0	0	0	0
Whooping Cough.....	M	40	3	23	14	0	0	0	0	0	0	40
	F	54	7	21	25	0	1	0	0	0	1	53
Leprosy.....	M	0	0	0	0	0	0	0	0	0	0	0
	F	0	0	0	0	0	0	0	0	0	0	0
Totals.....	M	67	3	30	22	4	3	3	2	0	10	57
	F	89	8	24	44	2	2	5	2	2	10	79

INFECTIOUS DISEASES.

(District Distribution)

Number of Cases coming to the knowledge of the Medical Officer of Health.												
	Inverness	Aird	Badenoch	Lochaber	Kingussie (Burgh)	Fort William (Burgh)	Skye	Outer Islands	Services	Cases removed to hospital	Cases not removed to hospital	Total
Dysentery.....	8	4	-	-	-	-	-	-	-	2	10	12
Erysipelas.....	3	3	-	-	-	-	-	1	-	4	3	7
Malaria.....	2	-	-	-	-	-	-	-	-	2	-	2
Measles.....	-	-	-	1	-	-	-	-	-	1	-	1
Pneumonia, Acute Primary.....	1	2	-	7	-	-	-	-	-	-	10	10
Pneumonia, (not otherwise notifiable).....	-	3	-	-	-	-	1	-	-	2	2	4
Polomyelitis.....	-	-	-	-	-	-	1	-	-	1	-	1
Scarlet Fever.....	3	6	9	-	-	-	4	2	-	6	18	24
Para-Typhoid B.....	1	-	-	-	-	-	-	-	-	1	-	1
Whooping Cough.....	83	3	-	2	-	-	6	-	-	1	93	94
Totals.....	101	21	9	10	-	-	12	3	-	20	136	156

MENTAL HEALTH SERVICE.

Reference has already been made in previous Annual Reports to the duties of the Local Authority in the field of mental health. Briefly, although there is no responsibility for the institutional care of the mentally ill, the Local Authority is responsible for the prevention of mental disease and for the ascertainment, care and after-care of mental defectives and of mentally ill persons in their own homes.

These arrangements work smoothly and the table set out below gives particulars of cases on the Register which were dealt with during the year. The shortage of institutional accommodation for mental defectives is as acute as ever and the Health and Welfare Departments are aware of many persons of the idiot, imbecile or feeble-minded category who ought properly to be certified as mentally defective but, in whose case, there is no prospect whatever of their being admitted to a suitable institution.

During the year four children were notified to the General Board of Control and the County Council under Section 52 of the Education (Scotland) Act, 1946, as being ineducable and one child was notified under Section 2 of the Mental Deficiency and Lunacy (Scotland) Act, 1913. Efforts were made to have these children admitted to a certified institution without success and, at the request of the parents, no action was taken for the certification of four of the children. The other child was duly certified as a mental defective and placed under the guardianship of his parents.

The particulars with regard to Mental Deficiency Cases are as follows:-

Details of Mental Defectives for Year ended 31st December, 1952.

Mental Defectives in Certified Institutions.

	Males	Females	Total
Number in Certified Institutions on 1/1/52.....	10	7	17
Discharged on Licence during Year.....	1	-	1
Died during Year.....	-	-	-
Number in Certified Institutions at 31/12/52.....	9	7	16

Mental Defectives under Guardianship.

	Males	Females	Total
Boarded-out at 1/1/52			
(a) with Relatives.....	25	15	40
(b) with Strangers.....	3	4	7
(c) in other Areas.....	1	-	1
Total Boarded-out at 1/1/52.....	29	19	48
	Males	Females	Total
Died during Year.....	-	-	-
Certified insane during Year.....	1	-	1
Detention Order lapsed during Year.....	1	-	1
Certified and placed under Guardianship during Year.....	2	-	2
Boarded-out at 31/12/52			
(a) with Relatives.....	26	15	41
(b) with Strangers.....	2	4	6
(c) in other Areas.....	1	-	1
Total Boarded-out at 31/12/52.....	29	19	48

PORT HEALTH ADMINISTRATION.

No action required to be taken under the Port Sanitary Regulations (Scotland) 1933-1945, in connection with five Declarations of Health received in respect of ships from a foreign port calling at Fort William during the year. The number of foreign going vessels calling at ports in the County of Inverness is very small.

FOOD SUPPLY.MILK.

The Chief Sanitary Inspector and his staff, in conjunction with the Milk Officer, carried out the supervision of dairies, the taking of samples of milk for analysis and the administration of the complicated legislation with regard to the production and handling of milk. For details of the work done reference should be made to his Annual Report.

No outbreak of disease associated with milk occurred during the year, although mention is made earlier in this Report of two occasions when milk from dairies was diverted for pasteurisation pending the investigation of staff who were contacts of cases of infectious disease.

ICE CREAM.

For particulars of the administration of the Ice Cream (Scotland) Regulations, 1948, reference should be made to the Report of the Chief Sanitary Inspector.

No disease attributable to the consumption of infective ice cream occurred during the year.

MEAT AND OTHER FOODS.

As with ice cream, so with meat and other foods, no new or unusual instances of sophistication or adulteration of foods stuffs being encountered during the year.

FOOD POISONING.

One case of food poisoning - a private soldier at Fort George - occurred during the year. The causal organism was Salmonella Oranienburg and was discovered on the 23rd of January. Several other cases of infection with this organism occurred elsewhere at the same time, four of these being in the Burgh of Inverness and four in Moray and Nairn. An investigation was carried out as to the possible source of infection with negative results.

MISCELLANEOUS.NURSING HOMES REGULATIONS (SCOTLAND) ACT, 1938.

There are no Nursing Homes in the County of Inverness.

NATIONAL ASSISTANCE ACT, 1948.Section 21

Under Section 21 of the National Assistance Act, 1948, Local Authorities are required to provide residential accommodation for aged and infirm persons in need of care and attention but who do not require the skilled medical treatment or continued nursing available in a hospital.

Following its opening in November, 1951, Aigas Home has proved valuable in accommodating old people in need of care and attention. During the year, 17 aged persons were admitted, 13 of whom were women.

In regard to other Part III accommodation the County Council continued to admit persons in need of care and attention into the Long Island Institution, Lochmaddy, Belford Road Hostel, Fort William, and Muirfield Hospital, Inverness. The number of persons resident in each Institution at 31st December, 1952, was as follows -

	Total	Males	Females
Long Island Institution -	16	11	5
(including two mental defectives)			
Belford Hostel -	11	10	1
Muirfield Hospital -	21	11	10

With regard to medical care, all residents have a free choice of private doctor and receive the same attention as does any other member of the community. The arrangement works satisfactorily.

SECTION 29

Section 29 of the National Assistance Act, 1948, empowers Local Authorities to promote schemes for the welfare of handicapped persons generally.

The function of the Council with regard to the blind is delegated to the Northern Counties Joint Committee for the Blind which avails itself of the services of the Northern Counties Institution for the Blind, sheltered employment being provided and arrangements made for home visitations, etc.

The number of persons on the register at 1st April, 1952, in sex and age grouping, was as follows -

Age Groups	Males	Females	Total
5 - 15	1	3	4
16 - 17	1	-	1
21 - 29	2	-	2
30 - 39	5	1	6
40 - 49	3	1	4
50 - 59	5	6	11
60 - 64	7	4	11
65 - 69	4	8	12
70 upwards	<u>41</u>	<u>53</u>	<u>94</u>
Totals.....	<u>69</u>	<u>76</u>	<u>145</u>

For the services rendered by the Northern Counties Institution for the Blind a per capita payment of £3 per annum was made for each certified blind person on the Register.

A survey of persons in the category of crippled and other handicapped persons has been carried out but, so far, no new scheme has been formulated.

SECTION 37

Section 37 of the National Assistance Act makes it compulsory for any person wishing to open a home for disabled or aged persons to register such a home with the Local Authority.

There are no such homes in the County of Inverness.

SECTION 47

From time to time persons are encountered who are in need of care and protection either in their own interests or in the interests of others but who refuse to enter a hospital or suitable residential accommodation. Under Section 47, such persons can be removed compulsorily but it should be emphasised that such action is only taken as a last resort after repeated attempts at persuasion have failed.

Although several aged persons were brought to the notice of the Medical Officer of Health

as possibly requiring compulsory removal it was possible to deal with them by peaceful persuasion. Such persons usually live alone in a state of physical frailty, in conditions of squalor, their sense of respectability and instinct for cleanliness having been blinded by advancing years.

SECTION 50.

During 1952 twenty-two burials took place under this Section of the Act, being nine females and thirteen males.

HEALTH EDUCATION.

In the normal course of their duties the medical and nursing staff continued to give instruction in health education as opportunities presented themselves either in school, clinic or the home.

As indicated in the 1951 Report, the appointment of a third school nurse was then sanctioned and she took up duty at the end of that year. As in the case of the other two school nurses, she too was engaged in the course of her duties in giving to the school children as much instruction as possible in this important subject.

Under the auspices of the Scottish Council for Health Education, in the autumn of 1952 arrangements were made to hold a lecture tour in the Isle of Skye which took place from 13th to 17th October, and was conducted by Dr Kathleen Scott, the Council's newly appointed Medical Lecturer. The tour followed the usual lines, with forenoon and afternoon sessions at the various schools, leaving the evenings free for adult meetings if so desired.

Over the five-day tour, in all 14 schools were visited when 27 teachers and 485 children attended. It was only possible, however, to arrange for one adult meeting, which was held at Portree on 16th October when Dr Scott gave an address with film strip to the local branch of the Scottish Women's Rural Institute. Thirty-four adults were present.

All the lectures were instructive and enjoyable.

HEALTH AND WELFARE COMMITTEE.

Review by the Medical Officer of Health of Services under Part III of the
National Health Service (Scotland) Act, 1947.

The Report of the Standing Advisory Committee on Local Authority Services produced in 1951 on "What Local Authorities can do to Promote Health and Prevent Disease" was commented upon by myself in a report compiled on the 31st March, 1952, for the consideration of the Health and Welfare Committee of the County Council. The Department of Health for Scotland have now called for a fuller statement of what in fact the Local Health Authority is actually doing under Part III of the National Health Service (Scotland) Act, 1947. In a sense the Standing Advisory Committee report is a yardstick against which the services provided by the Local Health Authority can be measured. At the same time it was hoped that the report might stimulate Local Authorities to provide "both the epidemiological and social services that are needed." The information which follows will give an indication as to how far this has been achieved.

For the sake of convenience the main recommendations are taken as they appear.

(a) Co-ordination of the Services.

The report emphasises that "the health committees of local authorities, have, however, a particularly important part to play in the securing and safeguarding of the health of the people and should take the lead in co-ordinating preventive services."

With the coming into operation of the National Health Service Act, the County Council decided to combine the former Public Health Committee and Public Assistance Committee into a Health and Welfare Committee. By this arrangement the Medical Officer of Health is kept informed of welfare matters, can advise on health and hygiene when required and can give assistance regarding the disposal of cases. The closest collaboration exists between the Welfare Officer and the Medical Officer of Health and the arrangement works smoothly.

In addition there is a Joint Liaison Committee of the Health Services, with representatives of the Regional Hospital Board, the Executive Council and the Local Health Authority. This Committee meets as and when required.

To dwell on the theme of co-ordination, the Medical Officer of Health is a co-opted member of the Local Medical Committee and thereby gains insight into the problems encountered in the administration of the General Practitioner Service and is available to answer any questions pertaining to the Local Health Authority Services. Furthermore, on the nomination of the County Council, the County Nursing Superintendent has been a member of the Regional Hospital Board since its inception and in addition the County Nursing Superintendent and Medical Officer of Health are members of the Board of Management of Craig Dunain Hospital. Such an arrangement has worked very satisfactorily and has enabled both officials to gain an insight into hospital administration and the problems connected therewith.

The report states that "the main work of the Medical Officer of Health is to study all factors affecting the health of the community and - without neglecting the remaining infectious diseases - to apply to other health problems the epidemiological and other methods which yielded such striking results in reducing infections." It is not possible at the present stage to undertake this more comprehensive study. The necessary information is not at present available and the question of staffing is involved.

(b) Reduction of Deaths in the first forty-five years.

Ten diseases are listed as causing deaths from infection.

1. Enteric Fevers. In the County of Inverness typhoid and para-typhoid fevers are rarely encountered, the last major epidemic occurring in the spring of 1941. Dysentery is more common. Attempts in the past to give instruction to food handlers in the clean handling of food have not met with success, the experience being that after much preparation very few food handlers turned up at the lectures arranged. The Sanitary Inspector's staff are doing what they can but additional legislative powers are required such as are contained in the Food and Drugs Act, 1938,

an Act which applies principally to England and Wales. In particular, Section 15 of the Act, not applicable to Scotland, empowers a Local Authority to make byelaws securing the observance of sanitary, cleanly conditions and practices in connection with the handling, wrapping and delivery of food sold or intended for sale for human consumption. A fruitful field for instruction in the clean handling of food is the School Canteen Staff. The School Meals Organiser is aware of this and use has been made of appropriate propaganda material.

2. Whooping Cough. Immunisation against whooping cough has been carried out to a limited extent in the County, one of the difficulties encountered being the reaction to the earlier immunising agents. With the introduction of the newer immunising materials an extension of whooping cough immunisation is now possible and towards the end of 1952 arrangements were being made to immunise pre-school children when the schools are visited for follow-up purposes this year. Practitioners who desire vaccine are issued with it free.

3. Measles. Prevention of this disease is possible by the use of gamma globulin but this has been on short supply and is limited only to infants and children in whom an attack of measles is fraught with risk. On occasion material was obtained from the Central Public Health Laboratory, Colindale, but recently gamma globulin has been made available in greater quantities and stocks are held at the Blood Transfusion Centre of the Royal Northern Infirmary.

4. Diphtheria. This disease is virtually extinct in the County. Immunisation is carried out systematically at the schools and at the Child Welfare Clinics in Lochaber. Material is issued free to practitioners for the protection of children in their own homes. Diphtheria and whooping cough immunisation is frequently combined.

5. Tuberculosis--(a) Respiratory. The extension (by the Regional Hospital Board) of clinics and X-ray facilities throughout the County whereby centres now exist at Fort William, Broadford, Daliburgh, and for Harris cases, Stornoway, has been a big step in combating the disease. Earlier ascertainment is now possible, and the introduction of the new drugs, Streptomycin, P.A.S. and I.N.A.H. has done much to reduce mortality and shorten the period in hospital.

The Public Health Medical Officers have the responsibility of tuberculin testing contacts, advising them to seek X-ray and the giving of B.C.G. Vaccine where appropriate. The numbers of those tuberculin tested and who have had B.C.G. have shown a steady increase each year. During 1952 the figures were 207 contacts tested of whom 92 were given B.C.G.

By the end of the year a plan was being worked out for the offering of B.C.G. vaccination to school children residing in the hostels throughout the County, and preliminary discussions have taken place regarding the X-ray of teachers and school canteen staffs. A hitch here is the difficulty regarding sick pay regulations for teachers. Recently this has been satisfactorily resolved.

In addition priority is always given by Housing Allocation Committees to families recommended by the Medical Officer of Health because of the presence of a case of respiratory tuberculosis in the household. Arrangements have been made whereby cases are visited monthly by the District Nursing Sisters and advice given as regards safeguards to be observed. Child contacts from tuberculous families who reside in the house where adequate segregation is not possible are boarded-out in the Seaforth Home, Maryburgh. In this connection the lack of a County Council Children's Home is felt, but a suitable house has been acquired, and although primarily for children referred to the Authority under the Children Act, will no doubt take children from tuberculous families.

When required, bed, bedding and nursing requisites from the Medical Loan Depot are supplied to cases being nursed at home.

(b) Non-Respiratory. The incidence of this form of the disease has never been high and is an infrequent cause of death. Attention to milk has done much to bring about this state of affairs. The County Council employs a whole-time Milk Officer and milk supervision is also done by members of the County Sanitary Inspector's staff.

Furthermore, the Ministry of Agriculture and Fisheries have been carrying out extensive tuberculin testing of cattle in the Outer and Inner Hebrides, and shortly these are to be designated "tuberculosis eradication areas."

6. Poliomyelitis. This disease has so far not occurred to any extent in this County and it is doubtful if much can be done in the way of prevention.

The extent of the efficacy of measures calculated to lead to a reduction in the number of deaths due to infection is gauged by the fact that during 1952 there were 11 deaths from tuberculosis (10 under 45 and 1 over that age), and 3 from all other infections (2 under 45 and 1 over that age).

7. Stillbirths and Infant Deaths. The report emphasises that there is no justification for thinking that maintenance of the present service is adequate. The still-birth rate fluctuates, the figure for 1952 being 24, and more careful study of the possible causes is required. The downward trend in the infant mortality rate in the past years (25 in 1952) gives cause for satisfaction, but more can be done. Although much good work is done by the District Nursing Sisters in their capacity as Child Welfare Nurses in the homes, an extension of clinic facilities at present confined to the Lochaber area is required and consideration is being given to this, suggested centres being Portree, Kingussie, Beaulay and Castlebay, where there are sufficient aggregations of population to justify such provision.

8. Deaths from Violence. It is suggested that the Medical Officer of Health and his staff are in a position to investigate the incidence and causation of accidents. At present it is not possible to undertake this work because of lack of staff and absence of information.

9. Deaths from Respiratory Diseases. In this connection the educative influence of a progressive local authority is stressed. Smoke abatement, apart from the Aluminium Works in the County, is no great problem in this area. It is gratifying to be able to record that the Works at Foyers, Fort William and Kinlochleven became registered premises in terms of the Alkali, etc., Works (Scotland) Order during the year, and that all have been under the scrutiny of the Chief Alkali Works Inspector. Fluorine emission is largely controlled at Kinlochleven and improved at the other centres, and the question of fume emission also is under active consideration.

It is hoped that the extension of whooping cough immunisation already referred to earlier in the report will do much to lessen the incidence of respiratory infections.

Actually only five deaths due to pneumonia occurred in persons under the age of 45 during 1952, four of these being in infants during the first 9 weeks of their life.

10. Deaths from Diarrhoea and Enteritis. Breast feeding is encouraged both when the mother is confined in hospital and at home. As a cause of death, diarrhoea and enteritis played no part during 1952, no deaths in infants under one year being attributed to these causes.

These five groups represent the main causes of death in the first 45 years of life, and in this connection 10.8% of all deaths in the County of Inverness were in persons under the age of 45 years.

(c) Reduction of Sickness in the first forty-five years.

(1) Everyone is in complete agreement with the statement that "it is far cheaper to keep a man well than to treat him when he is sick." But staff trained in prevention has not been plentiful. Medical Officers with their D.P.H. have been scarce and even the revision of salary scales has not sufficed to bring up the numbers. The financial inducements to enter the hospital and specialist services in the general practitioner services are greater than in the public health service. Comparatively few nurses take their Health Visitor's Certificate, there being greater attraction in the hospital service.

(2) The incidence of defects in school entrants is stressed in the report, and emphasis is placed on the importance of better ante-natal and child care. Reference has already been made earlier in the report to the role played by the District Nursing Sisters in child welfare in the County. In order to enable them to devote more time to this aspect of their work an attempt was made during 1952 to obtain the Health and Welfare Committee's approval to the appointment of whole-time Health Visitors without success.

In so far as ante-natal care is concerned, cases booked for confinement in hospital are expected to attend the appropriate hospital ante-natal clinic. Other cases receive their ante-natal supervision by the District Nursing Sisters and Family Doctors.

With regard to dental defects, a shortage of school dental surgeons has not made it possible for the Local Authority to undertake the dental care of expectant and nursing mothers and pre-school children. The numbers of dental surgeons are, however, increasing, and by the end of 1952 arrangements were in hand for the appointment of a Senior Dental Officer, bringing the complement of dental staff up to four dental surgeons and two dental attendants.

(3) "Probably the commonest skin diseases are scabies and impetigo, both which are preventable." These two diseases do not constitute a problem in this County.

(4) "From many conditions, further detailed study is necessary before measures of prevention are devised. Medical Officers of Health and their staffs are in a particularly favourable position for conducting such investigations." It has not been possible hitherto to carry out specialised investigations, although the possibility will be borne in mind. Investigations of this nature require staff both medical and clerical which at present is not available, and information is not readily obtainable as to the numbers of home accidents and the incidence of rheumatism and peptic ulcer.

(d) Reduction of Sickness and Postponement of Death in the second forty-five years.

(1) "After-care is at present undertaken by most local authorities. It should be developed also in respect of other diseases." In this County, after-care so far is only in respect of tuberculosis. Extension to other fields will require additional staff.

(2) "In the prevention or reduction of illness in the older sections of the community, there is again much scope for investigation. For this the health departments of local authorities are specially fitted to take the initiative." It is not possible at this stage to undertake the geriatric studies envisaged in this statement.

(3) Welfare of the Aged. The report emphasises the problems created by the steadily rising proportion of old persons in the community. During the year, in addition to the Part III accommodation in Muirfield Hospital, the numbers admitted to the Old People's Home at Aigas, near Beaulieu, have been steadily increasing. Consideration has also been given to improving Part III accommodation elsewhere in the County. Furthermore, much good work in the welfare of the aged is done by the District Nursing Sisters, and supplementing this there has been a big expansion of the Home Help Service, the majority assisted being aged persons.

A voluntary organisation, the Inverness and District Old Peoples' Welfare Committee, has recently been formed. Consideration is also being given to have similar committees elsewhere in the County.

(e) Mental Hygiene.

The report stresses the importance of instruction to parents in parent-child relationships and comments on sex education in schools. With regard to the first point, it has not been possible to undertake this to any great extent in this County. Undoubtedly, a certain amount of instruction is given by the District Nursing Sisters in their capacity as Health Visitors, but the instruction given, out of necessity, has been limited having regard to their other duties.

As regards sex education, this has been carried out in certain of the secondary schools with benefit, the services of an expert instructor being secured. The Education Committee is firmly convinced of its value and will no doubt continue it.

With regard to group discussions at Child Welfare Clinics, etc., as mentioned elsewhere in the report, clinic facilities are limited and it has not been possible to expand the service in this direction. I am in complete agreement with the statement that "the health visitor is of key importance in the instruction of mothers in the home and in the child welfare and ante-natal clinics", and the report rightly emphasises the important role which the health visitor can play in the Local Authority Health Services. As already mentioned earlier in the report, attempts to secure whole-time appointments were unsuccessful.

In so far as child guidance is concerned, a close liaison has been established with Dr Whittet and his staff at Craig Dunain Hospital and there is now the nucleus of a child guidance clinic. Furthermore, much useful work is done by the Children's Officer in this respect, and in any scheme for child guidance she is definitely a member of the team. By the end of 1952, preliminary discussions had taken place regarding the appointment of an educational psychologist.

There are no local schemes for vocational guidance or marriage guidance.

(f) Health Education.

In a wide sense all the members of the Public Health staff play their part in health education.

In addition, during 1952, an arrangement had been made whereby the three school nurses give simple instruction in hygiene and healthy living to pupils in the primary schools in the Burgh, the syllabus of the Report of the Committee on Health Education in schools being utilised. The arrangement is working well and has come to be accepted as a matter of routine.

(g) Research--Statistical Enquiry.

It has not been possible to carry out research to any extent in this County latterly. Some years ago, two members of the Public Health Staff obtained their Doctorate of Medicine, the subject of the thesis in one instance being an outbreak of paratyphoid fever which occurred in 1941, and the other an outbreak of ringworm of the scalp which occurred in school children in Inverness Burgh in 1946.

The report has suggested that the Medical Officer of Health study the epidemiology of non-infectious illnesses, such as rheumatism, peptic ulcer and accidents in the home. To enable such work to be carried out, it will be necessary to have sufficient staff, access to all sickness records, the provision of statistical assistance and statistical machinery, and financial encouragement to Local Authorities to carry out research work.

W. D. WILSON, M.D., D.P.H.,
Medical Officer of Health.

May, 1954.

Inverness County Council.



SCHOOL MEDICAL SERVICE.

REPORT FOR YEAR
ENDED
31st JULY, 1952.

ANNUAL REPORT

on the

Medical Inspection of Schools in the County and Burgh of Inverness

for the year ended 31st July, 1952.

1. LIST OF STAFF.

(a) Whole-time Public Health and Schools:--

Medical Officer of Health..... W. D. WILSON, M.D., D.P.H.
Deputy Medical Officer of Health..... J. DEWAR, M.B., Ch.B., D.P.H.
Assistant Medical Officer of Health..... M. H. MACARTHUR, M.B., Ch.B.
Assistant Medical Officer of Health..... R. G. MURRAY, M.B., Ch.B., D.P.H.
(Took up duty January, 1952).

SCHOOL DENTAL SURGEONS.

School Dental Surgeon..... J. MacLeod, L.D.S.
Assistant School Dental Surgeon..... M. MacVinish, L.D.S.
Assistant School Dental Surgeon..... A. Mason, L.D.S.
(Took up duty October, 1951).
Assistant School Dental Surgeon (part-time)..... A. L. MacLeod, L.D.S.
(Took up duty May, 1952).

School Nurses (Inverness Burgh)....3

Office Staff (Clerks).....2

School Nurses.

Mainland District..... 31
Skye District..... 13
Outer Islands Districts..... 15

2. GENERAL STATISTICS.

Population of the area.....	86,191
Number of Schools--	
(a) Primary)	154
(b) Junior Secondary) Under Education Authority	27
Senior Secondary)	6
(c) (i) Special Schools.....	-
(ii) Special classes in ordinary schools.....	-
(d) in receipt of grant from education authority and under medical inspection.....	-
Number of children on the registers.....	12,990

Average Height and Weight of School Children.

The following table shows the findings in respect of a sample of 852 children:--

Sex	Age Group	No.	Average Age in Years and Months.	Average Height in inches	Average Weight in lbs.
BOYS	Entrants.....	121	5 yrs. 5 mths.	43.13	45.26
	Children born in 1942.....	139	9 yrs. 6 mths.	52.81	68.18
	Children born in 1938.....	130	13 yrs. 8 mths.	60.68	97.56
	Children born in 1935.....	52	16 yrs. 7 mths.	67.43	139.74
GIRLS	Entrants.....	121	5 yrs. 6 mths.	43.17	44.25
	Children born in 1942.....	115	9 yrs. 6 mths.	51.86	64.21
	Children born in 1938.....	136	13 yrs. 8 mths.	60.32	99.13
	Children born in 1935.....	38	16 yrs. 7 mths.	63.66	124.79

3. SANITARY CONDITION OF THE SCHOOLS.

The following table shows the improvements in sanitation and general state of repair which have been effected in the schools throughout the Burgh and County of Inverness. The progress made has been satisfactory.

District	Electricity Installations	Sanitary Equipment	Painting Internal and External	New Stoves and Ranges supplied	Repairs to Water supplies and heating	Misc. Repairs.
Burgh.....	-	-	4	2	1	5
Mainland.....	7	6	8	8	2	38
Skye.....	1	3	7	5	1	31
Outer Islands..	-	7	9	5	21	42

4. ORGANISATION AND ADMINISTRATION.

A. System and extent of medical inspection and treatment. There were no major changes during the session under review. Routine inspections are carried out as early in the academic year as possible so as to enable the Medical Officers to see the children found to have defects at later "follow-up" visits, when their progress may be observed.

Entrants are examined at the first visit of the School Medical Officer after their enrolment. Pupils are also fully examined at ages of 9 and 13 years. Those children who do not leave school at the age of 15 are again examined when they are 16 years of age. In addition to the above full examinations, the vision and hearing of each child is tested at the age of 7.

Children with defects are inspected at each visit of the School Medical Officer until the condition is satisfactory. Any child may also be seen as a "special case" at the request of his parents, the teacher or the school nurse.

Whenever time permits, before leaving a school after an inspection, the Medical Officer carries out a "march-past" of all pupils in the school. The purpose of this is to pick out any children with defects of clothing or cleanliness who might otherwise be overlooked.

The opportunity is also taken at the visit of the School Medical Officer to carry out immunisation against diphtheria. The parents of the majority of the "infant entrants" avail themselves of this facility.

B. System and extent of Dental Inspection and Treatment. On entering school, permanent consent to dental treatment for the whole of school life is requested from the parents. Parents have responded very well indeed and this system reduces very considerably the clerical work involved in getting repeated consents throughout school life. Subject to adequate staff being available the system adopted in inspection and treatment is to take, as far as possible, the County, area by area, and complete each school before moving on to the next one. By this method interest is aroused and very often children, in respect of whom refusals were received, have come for treatment. The percentage of consents in the County as a whole for cases requiring treatment is in the region of 80 to 85.

C. School Nursing and arrangements for follow-up. The arrangements are unchanged from the previous session. Briefly it may be said that the District Nursing Sisters, who are employed by the County Council, act as School Nurses. They attend at the schools along with the Medical Officers and in addition they pay a visit to each school at least once a month to attend to the cleanliness and clothing of the children. Domiciliary visits in connection with school children are also paid whenever necessary. For the schools in the Burgh of Inverness an additional school nurse took up duty on the 3rd of January, 1952. Thus there are now three full time school nurses for these schools. The increase of staff has allowed more attention to be paid by the school nurses to the supervision of the children and has enabled them to devote time to simple instruction in the principles of hygiene and healthy living.

D. Co-ordination with the Public Health Service and with other Departments of the Authority which render services to Children. The Chief School Medical Officer is also County Medical Officer of Health and the Assistant School Medical Officers are also Assistant County Council Medical Officers. Co-ordination of the School Health Service with the schemes of the County Council provided under the National Health Service Act and other Statutes is thereby facilitated. In addition, the liaison achieved between the Medical Staff and the other officials of the Council such as the Director of Education, Welfare Officer and the Children's Officer has been close and satisfactory.

E. Co-operation with Voluntary Bodies and other outside Agencies. As in previous years, the Local Authority co-operates with the R.S.P.C.C. and the Local Inspector of the Society is informed of any cases in which his services may be required.

By arrangement with the Regional Hospital Board, clinics continue to be arranged for children with defective vision. Pupils with other defects (for example enlarged tonsils) are referred either to their family doctor, or with the approval of the family doctor, to the appropriate specialist.

F. Co-operation with Teachers and Parents. The co-operation which the teaching staff gives to the School Medical Officer and Nurses is of the highest order and the assistance thereby rendered is much appreciated.

Parents are notified of the School Medical Officers' visits to the schools. No record has been kept of the percentage of parents who attend at the inspections but generally it may be said that in the rural areas very few parents are present. In the towns the parents of infant entrants come in large numbers but the parents of older children seldom avail themselves of the opportunity. The Medical Officers always welcome the presence of parents at the schools and are pleased to discuss any special problems which they may have with the children's health.

5. FINDINGS AT MEDICAL INSPECTION.

(1) Number Examined. From Table I it will be seen that the number of children who had a complete systematic examination was 3709. This is an increase of 292 from last year when the corresponding number was 3417. The greatest increase (156) was among the infant entrants and as most of these children were born in 1946 this is no doubt a result of the fact that in both Burgh and County the birth rate for that year was substantially higher than in 1945. The figure for the other examinations has again increased quite substantially from 2647 to 2874. This increase is due to a bigger number of "reinspections" of defects found at previous visits.

(2) Defects Found. Reference to Table III shows that approximately 63% of children examined were found to be free of all defects. This is a decrease of 7% compared with last year. A further 6% were free from defects except for defective vision in one eye only and/or dental caries. 21.5% were suffering from ailments of a temporary nature from which recovery could normally be expected in a few weeks. This is an increase of about 4.5%. The greatest increase in such temporary ailments (8%) was found to be in the entrants age group. The above three categories (I, II and III of Table III) account for 90.5% of the children examined. The corresponding figure last session was 92%. The remaining children (9.5%) consisted of children whose defects were considered to be curable after treatment lasting longer than several weeks, or in whose cases the defects were not considered to be completely curable.

(3) Nutrition. In this and the following paragraphs a few comments are made upon the incidence of particular defects. The detailed findings are given in the various sections of Table II and a summary of the sections of Table II is found at the end of the Report.

The percentage of children who were recorded as having slightly defective nutrition increased from 0.6% to 1.1%. This difference is not thought to be of significance as to assess the nutritional state of individuals is a notoriously difficult task and the standard of one observer is bound to differ to some extent from that of the next.

No children are noted as having bad nutrition.

(4) Clothing and Footgear. This continues to be satisfactory. The number of children found to be with insufficient clothing or unsatisfactory footwear was negligible.

(5) Cleanliness. The incidence of verminous infestation in the head remains the same for the boys as last year, namely 1%, for girls the incidence has increased from 2% to 3%. This increase was due almost entirely to the unsatisfactory position in the Outer Islands schools where the infected heads increased from 8% in the previous session to 13% in the year under review. In my last report mention was made of the vast improvement in recent years as regards head cleanliness and a tribute was paid to the care of parents and to the work of District Nursing Sisters. These latest figures show that constant vigilance by all concerned remains essential.

(6) Skin. The incidence of skin disease, although slightly increased, remains low and gives no cause for anxiety. Again it falls to be recorded that no outbreak of contagious disease of the skin occurred during the session. In particular it may be noted that no cases of ringworm were reported and only 12 cases of scabies.

(7) Mouth and Teeth. The Medical Officers record only conditions of the mouth and teeth which are liable to affect the general health of the child. Even so, 4.5% of children examined were considered to fall into this category. The School Dental Service cannot be blamed for this state of affairs because the highest incidence of unhealthy mouths occurred in the entrants age group who have not had the opportunity of dental treatment in school. As regards the great amount of dental caries in the older children the following quotations from the report on Preventive Dental Services issued by the Department of Health for Scotland in 1952 applies to this area - "At the present time the service (School Dental Service) is quite incapable of coping with the amount of dental disease in school children and the immense amount of treatment necessary cannot be overtaken. It is clear to us that the ravages of dental decay are outstripping the meagre forces attempting to hold them in check."

It is hoped that the efforts of the County Council to build up the strength of the School Dental Service will be successful.

(8) Conditions of the Nose, Throat and Cervical Glands. In this section the number of children whose tonsils required observation remained much the same as last year. This percentage was 12% for boys and 11% for girls. This year the figure for both sexes was about 10%. As is to be expected the percentage is higher in the entrants than in the other age groups. The number of children requiring operative treatment for tonsils has increased from 2% to 3%.

(9) Eye Diseases. The incidence of external diseases of the eye such as conjunctivitis and blepharitis remains low being under 1%. The percentage of children with squints is 2.3%. The corresponding figure last year was 1.2%. It is difficult to account for this increase but it was noted in all areas of the County except the Outer Islands. Defects of visual acuity again show a slight increase from 7.3% to 8.5%. This figure includes children with "bad" vision also those with "fair" vision. The percentage with "good" vision thus remains over 90%. It should be noted that if spectacles are worn it is vision with spectacles which is recorded for the purpose of this Table.

(10) Defects of the Ears and Hearing. The position has changed very little in the session under review. It will be seen that very few children with severe hearing defects were seen at routine medical inspections of the specified age groups. The reason for this is that such children do not usually attend the ordinary schools. Reference to Table IV shows that 14 children in the County are being educated in Special Schools for the Deaf. Most of these children are either at Donaldson's School for the Deaf in Edinburgh, or the St. Vincent's School for the Deaf in Glasgow.

As regards the number of children with the less severe defects of hearing the present method of testing used (namely the spoken voice of the examiner) is not satisfactory for several reasons and an accurate ascertainment of such children would require an audiometric survey.

(11) Speech Defects. There is again a slight increase in the number of children examined who were found to have speech defects. 16 boys and 7 girls had defective articulation while 8 boys and 1 girl were stammerers. Most of these children were in the younger age groups so that there is a good chance of recovery as they grow older. Table IV shows that there are records of 49 children of school age in the County who have defective articulation and 14 who suffer from stammering. It is unfortunate that speech therapy cannot be made available to some of these pupils.

(12) Mental and Nervous Conditions. There is little change in the figures for these conditions. It should be remembered, however, that in the few minutes devoted to the physical examination of the child it is not possible to estimate his mental capacity or stability. The figures, therefore, are certainly much lower than they should be. The School Medical Officers when necessary examined children to ascertain whether they were educable or ineducable in accordance with Section 54 of the Education (Scotland) Act.

Reference has already been made in the previous reports to the need for an educational psychologist and it is regrettable that so far no such appointment has been made. Such a person could give assistance to school teachers in the carrying out of group intelligence tests, could examine children by individual tests, and also children who present problems of behaviour who are a source of worry to the school teacher or school medical officer. The appointment would be the responsibility of the Education Committee and the person selected would be under the supervision of the Director of Education. The educational psychologist, furthermore, would play an important role in child guidance and it is hoped that favourable consideration be given to the appointment of such a person in the near future.

In addition, it is regrettable to report that there is no special school provision within the County for pupils who are mentally handicapped but educable,

(13) Circulatory System. The incidence of the various cardiac defects was slightly increased compared with last year. The figure, however, remains low being only 0.75%. Of the cases reported about two thirds were functional in nature and therefore not of serious import.

(14) Lungs. The incidence of defects of the lungs noted has increased in the session under review from 1% to 2.5%. The number of cases of "other lung conditions" mainly accounts for this. These children were suffering from temporary respiratory catarrh and mild bronchitis and the greatest incidence of such complaints was in the Burgh of Inverness. As compared with last year, however, there was also an increase in the number of children observed to have chronic bronchitis. The number of children among the routine examinations noted as "suspected tuberculosis" was one. The corresponding figure last year was three.

(15) Deformities. The incidence of deformities is much the same as last year. This group includes such conditions as congenital deformities of all kinds, acquired deformities due to infantile paralysis, deformities due to rickets, etc. Many of the deformities recorded are not of a serious nature.

(16) Infectious Disease. Only three cases of the specific infectious fevers were found by the School Medical Officers in children presented for routine examination. Such children are excluded from school in the normal course of events by parents, family doctor, teacher or nurse, and are not seen at inspection.

6. MEDICAL TREATMENT.

A. Minor Ailments.

	<u>Local Authority</u>	<u>Private</u>
(1) Cuts, bruises, sprains, etc.	483	22
(2) Diseases of the ear.....	-	13
(3) Diseases of the eye.....	6	14
(4) Diseases of the skin -		
Ringworm of the scalp.....	-	1
X-Ray treatments.....	-	1
Ringworm of the body.....	-	2
Scabies.....	-	1
Impetigo.....	101	33
Other Diseases.....	63	20

B. Defective Vision..... 497 -

C. Nose and Throat (operative treatment)..... 331 -

7. DENTAL INSPECTION AND TREATMENT.

Please see Table V at end of Report.

8. SPECIAL SCHOOLS AND CLASSES.

Please see Table IV at end of Report.

TABLE I.

A. Total Number of Children examined during the year under review:--

	Systematic Examinations	Other Systematic Examinations
Ordinary Schools.....		
(Entrants.....)	1352	-
(Children born 1942.....)	1123	-
(Children born 1938.....)	36	-
(Children born 1935.....)	4	-
Junior and Senior Secondary Schools.....		
(Children born 1938.....)	1058	-
(Children born 1935.....)	136	-
Total.....	3709	-

B. Other Examinations.

Special Cases examined.....	338
Re-inspection by Medical Officer.....	1536
Children born 1944.....	<u>1000</u>
Total.....	<u>2874</u>

Number of Children notified to parents as suffering from Defects:--

Entrants.....	140
Children born 1942.....	139
Children born 1944.....	112

Secondary Age Groups:--

Children born 1938.....	117
Children born 1935.....	26
Other Systematic Examinations.....	-
	<u>534</u>

Tables showing Number and Percentage of individual Children in each age group suffering from particular defects.

1. NUTRITIONAL STATE - (a) Slightly defective.

District	Total Number Examined All ages	Entrants		Children born 1942		Children born 1938		Children born 1935		Total
		No.	%	No.	%	No.	%	No.	%	
Inverness Burgh.....	706	10	1.42	-	-	1	.14	-	-	1.56
(Boys)										
(Girls)	723	5	.69	-	-	4	.55	-	-	1.24
Mainland.....	701	5	.71	3	.43	2	.28	-	-	1.43
(Boys)										
(Girls)	664	2	.30	4	.60	1	.15	-	-	1.05
Skye.....	180	-	-	-	-	-	-	-	-	-
(Boys)										
(Girls)	177	-	-	2	1.13	-	-	-	-	1.13
Outer Islands.....	279	-	-	-	-	-	-	-	-	-
(Boys)										
(Girls)	279	-	-	1	.36	-	-	1	.36	.72
GRAND TOTAL.....	1866	15	.80	3	.15	3	.15	-	-	1.12
(Boys)										
(Girls)	1843	7	.38	7	.38	5	.27	1	.05	1.08
Special Cases.....	-	-	-	-	-	-	-	-	-	-
(Boys)										
(Girls)	-	-	-	-	-	-	-	1		

1. NUTRITIONAL STATE - (b) Bad.

District	Total Number Examined All ages	Entrants		Children born 1942		Children born 1938		Children born 1935		Total
		No.	%	No.	%	No.	%	No.	%	
Inverness Burgh.....	706	-	-	-	-	-	-	-	-	-
(Boys)										
(Girls)	723	-	-	-	-	-	-	-	-	-
Mainland.....	701	-	-	-	-	-	-	-	-	-
(Boys)										
(Girls)	664	-	-	-	-	-	-	-	-	-
Skye.....	180	-	-	-	-	-	-	-	-	-
(Boys)										
(Girls)	177	-	-	-	-	-	-	-	-	-
Outer Islands.....	279	-	-	-	-	-	-	-	-	-
(Boys)										
(Girls)	279	-	-	-	-	-	-	-	-	-
GRAND TOTAL.....	1866	-	-	-	-	-	-	-	-	-
(Boys)										
(Girls)	1843	-	-	-	-	-	-	-	-	-
Special Cases.....	-	-	-	-	-	-	-	-	-	-
(Boys)										
(Girls)	-	-	-	-	-	-	-	-	-	-

2. CLOTHING UNSATISFACTORY.

District	Total Number Examined All ages	Entrants		Children born 1942		Children born 1938		Children born 1935		Total	
		No.	%	No.	%	No.	%	No.	%	No.	%
Inverness Burgh.... (Boys Girls)	706 723	1 1	.14 .14	- -	- -	1 -	.14 -	- -	- -	2 1	.28 .14
Mainland..... (Boys Girls)	701 664	1 -	.14 -	- -	- -	- -	- -	- -	- -	1 -	.14 -
Skye..... (Boys Girls)	180 177	2 -	1.11 -	- -	- -	- -	- -	- -	- -	2 -	1.11 -
Outer Islands.... (Boys Girls)	279 279	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
GRAND TOTAL..... (Boys Girls)	1866 1843	4 1	.21 .05	- -	- -	1 -	.05 -	- -	- -	5 1	.27 .05
Special Cases..... (Boys Girls)	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -

3. FOOTGEAR UNSATISFACTORY.

District	Total Number Examined All ages	Entrants		Children born 1942		Children born 1938		Children born 1935		Total	
		No.	%	No.	%	No.	%	No.	%	No.	%
Inverness Burgh.... (Boys Girls)	706 723	- -	- -	- 1	- .14	- -	- -	- -	- -	- 1	- .14
Mainland..... (Boys Girls)	701 664	1 -	.14 -	- -	- -	- -	- -	- -	- -	1 -	.14 -
Skye..... (Boys Girls)	180 177	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
Outer Islands.... (Boys Girls)	279 279	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
GRAND TOTAL..... (Boys Girls)	1866 1843	1 -	.05 -	- 1	- .05	- -	- -	- -	- -	1 1	.05 .05
Special Cases..... (Boys Girls)	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -

TABLE II.

4. CLEANLINESS (a) Head.

[illegible]

4. CLEANLINESS (b) Body.

[illegible]

(a) Head (1) Ringworm.

[illegible]

(a) Head (2) Impetigo.

[illegible]

TABLE II.

5. SKIN (Contd.)

(a) Head (3) Other Diseases.

District	Total Number Examined	Entrants			Children born 1942			Children born 1938			Children born 1935			Total		
		No.		%	No.		%	No.		%	No.		%	No.		%
Inverness Burgh....	(Boys)	2		.28	2		.28	1		.14	2		.28	1		.99
	(Girls)	2		.28	4		.55	-		-	-		-	6		.83
Mainland.....	(Boys)	1		.14	-		-	-		-	-		-	1		.14
	(Girls)	-		-	1		.15	-		-	-		-	1		.15
Skye.....	(Boys)	-		-	-		-	1		.55	-		-	1		.55
	(Girls)	1		.56	-		-	2		1.13	-		-	3		1.69
Outer Islands.....	(Boys)	-		-	-		-	-		-	-		-	-		-
	(Girls)	1		.36	-		-	-		-	-		-	1		.36
GRAND TOTAL.....	(Boys)	3		.15	2		.11	2		.11	2		.11	9		.48
	(Girls)	4		.22	5		.27	2		.11	-		-	11		.59
Special Cases.....	(Boys)	-		-	-		-	-		-	-		-	4		-
	(Girls)	-		-	-		-	-		-	-		-	-		-

5. SKIN (Contd.)

(b) Body (1) Ringworm.

[illegible]

(b) Body (2) Impetigo.

District	Total Number Examined All ages	Entrants		Children born 1942		Children born 1938		Children born 1935		Total	
		No.	%	No.	%	No.	%	No.	%	No.	%
Inverness Burgh... (Boys)	706	-	-	-	-	-	-	-	-	-	-
(Girls)	723	-	-	-	-	-	-	-	-	-	-
(Boys)	701	-	-	1	.14	-	-	-	-	1	.14
Mainland..... (Girls)	664	-	-	-	-	-	-	-	-	-	-
(Boys)	180	-	-	-	-	-	-	-	-	-	-
Skve..... (Girls)	177	-	-	-	-	-	-	-	-	-	-
(Boys)	279	-	-	-	-	-	-	-	-	-	-
Outer Islands.... (Girls)	279	-	-	-	-	-	-	-	-	-	-
(Boys)	1866	-	-	1	.05	-	-	-	-	1	.05
GRAND TOTAL..... (Girls)	1843	-	-	-	-	-	-	-	-	-	-
(Boys)	-	-	-	-	-	-	-	-	-	-	-
Special Cases.... (Girls)	-	-	-	-	-	-	-	-	-	-	-

5. SKIN (Contd.)

(b) Body (3) Scabies.

District	Total Number Examined All ages	Entrants		Children born 1942		Children born 1938		Children born 1935		Total	
		No.	%	No.	%	No.	%	No.	%	No.	%
Inverness Burgh... (Boys)	706	-	-	-	-	-	-	-	-	-	-
(Girls)	723	-	-	-	-	-	-	-	-	-	-
(Boys)	701	-	-	-	-	-	-	-	-	-	-
Mainland..... (Girls)	664	-	-	-	-	-	-	-	-	-	-
(Boys)	180	1	.55	-	-	-	-	-	-	1	.55
Skve..... (Girls)	177	-	-	2	1.13	-	.56	-	-	3	1.69
(Boys)	279	3	1.07	1	.36	-	-	-	-	4	1.43
Outer Islands.... (Girls)	279	1	.36	-	-	-	-	-	-	1	.36
(Boys)	1866	4	.21	1	.05	-	-	-	-	5	.27
GRAND TOTAL..... (Girls)	1843	1	.05	2	.11	1	.05	-	-	4	.22
(Boys)	-	-	-	-	-	-	-	-	-	1	-
Special Cases.... (Girls)	-	-	-	-	-	-	-	-	-	2	-

TABLE II.

5. SKIN (Contd.)

(b) Body (4) Other Diseases.

District	Total Number Examined All ages	Entrants		Children born 1942		Children born 1938		Children born 1935		Total	
		No.	%	No.	%	No.	%	No.	%	No.	%
Inverness Burgh....(Boys)	706	5	.71	12	1.69	13	1.84	3	.42	33	4.67
.....(Girls)	723	8	1.11	11	1.52	12	1.66	4	.55	35	4.84
Mainland.....(Boys)	701	2	.28	1	.14	1	.14	-	-	4	.57
.....(Girls)	664	1	.15	-	-	-	-	-	-	1	.15
Skye.....(Boys)	180	-	-	1	.55	1	.55	-	-	2	1.11
.....(Girls)	177	-	-	-	-	1	.56	-	-	1	.56
Outer Islands.....(Boys)	279	-	-	1	.36	-	-	-	-	1	.36
.....(Girls)	279	-	-	-	-	-	-	-	-	-	-
GRAND TOTAL.....(Boys)	1866	7	.37	15	.80	15	.80	3	.15	40	2.14
.....(Girls)	1843	9	.49	11	.59	13	.70	4	.22	37	2.01
Special Cases.....(Boys)	-	-	-	-	-	-	-	-	-	5	-
.....(Girls)	-	-	-	-	-	-	-	-	-	3	-

6. MOUTH AND TEETH UNHEALTHY (a) TEETH UNHEALTHY.

District	Total Number Examined All ages	Entrants		Children born 1942		Children born 1938		Children born 1935		Total	
		No.	%	No.	%	No.	%	No.	%	No.	%
Inverness Burgh....(Boys)	706	21	2.97	11	1.56	10	1.42	2	.28	44	6.23
.....(Girls)	723	24	3.32	11	1.52	7	.97	-	-	42	5.81
Mainland.....(Boys)	701	14	1.99	6	.85	3	.43	-	-	23	3.28
.....(Girls)	664	12	1.81	11	1.66	3	.43	1	.15	27	4.07
Skye.....(Boys)	180	1	.55	1	.55	-	-	-	-	2	1.11
.....(Girls)	177	1	.56	1	.56	1	.56	-	-	3	1.69
Outer Islands.....(Boys)	279	2	.72	4	1.43	4	1.43	1	.36	11	3.94
.....(Girls)	279	11	3.94	5	1.79	2	.72	-	-	18	6.45
GRAND TOTAL.....(Boys)	1866	38	2.04	22	1.18	17	.91	3	.15	80	4.29
.....(Girls)	1843	48	2.60	28	1.52	13	.70	1	.05	90	4.88
Special Cases.....(Boys)	-	-	-	-	-	-	-	-	-	2	-
.....(Girls)	-	-	-	-	-	-	-	-	-	4	-

7. NASO-PHARYNX.

(a) NOSE (1) OBSTRUCTION REQUIRING OBSERVATION.

District	Total Number Examined All Ages	Entrants		Children born 1942		Children born 1938		Children born 1935		Total	
		No.	%	No.	%	No.	%	No.	%	No.	%
Inverness Burgh.... (Boys (Girls	706 723	1 3	.14 .41	4 2	.57 .28	1 1	.14 .14	- -	- -	6 6	.85 .83
Mainland..... (Boys (Girls	701 664	3 1	.43 .15	2 1	.28 .15	- -	- -	- -	- -	5 2	.71 .30
Skye..... (Boys (Girls	180 177	1 2	.55 1.13	1 1	.55 .56	- -	- -	- -	- -	2 3	1.11 1.69
Outer Islands..... (Boys (Girls	279 279	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
GRAND TOTAL..... (Boys (Girls	1866 1843	5 6	.27 .32	7 4	.37 .22	1 1	.05 .05	- -	- -	13 11	.69 .59
Special Cases..... (Boys (Girls	- -	- -	- -	- -	- -	- -	- -	- -	- -	- 1	- -

7. NASO-PHARYNX (Contd.)

(a) NOSE (2) OBSTRUCTION, PROBABLY ADENOIDS, REQUIRING OPERATIVE TREATMENT.

District	Total Number Examined All Ages	Entrants		Children born 1942		Children born 1938		Children born 1935		Total	
		No.	%	No.	%	No.	%	No.	%	No.	%
Inverness Burgh.... (Boys (Girls	706 723	1 1	.14 .14	- -	- -	- -	- -	- -	- -	1 1	.14 .14
Mainland..... (Boys (Girls	701 664	- -	- -	1 -	.14 -	- -	- -	- -	- -	1 -	.14 -
Skye..... (Boys (Girls	180 177	1 -	.55 -	- -	- -	- -	- -	- -	- -	1 -	.55 -
Outer Islands..... (Boys (Girls	279 279	1 -	.36 -	- -	- -	- -	- -	- -	- -	1 -	.36 -
GRAND TOTAL..... (Boys (Girls	1866 1843	3 1	.15 .05	1 -	.05 -	- -	- -	- -	- -	4 1	.21 .05
Special Cases..... (Boys (Girls	- -	- -	- -	- -	- -	- -	- -	- -	- -	2 -	- -

TABLE II.

7. NASO-PHARYNX (Contd.)

(a) NOSE (3) OTHER CONDITIONS.

[illegible]

7. NASO-PHARYNX (Contd.)

(b) THROAT (1) TONSILS REQUIRING OBSERVATION.

District	Total Number Examined All Ages	Entrants		Children born 1942		Children born 1938		Children born 1935		Total	
		No.	%	No.	%	No.	%	No.	%	No.	%
Inverness Burgh... (Boys) (Girls)	706	30	4.25	9	1.27	16	2.27	-	-	55	7.79
	723	32	4.43	12	1.66	10	1.38	2	.28	56	7.74
Mainland..... (Boys) (Girls)	701	47	6.70	23	3.28	4	.57	-	-	74	10.56
	664	46	6.93	21	3.16	6	.90	-	-	73	10.99
Skye..... (Boys) (Girls)	180	9	5.0	7	3.88	4	2.22	-	-	20	11.11
	177	6	3.39	4	2.26	5	2.82	1	.56	16	9.04
Outer Islands..... (Boys) (Girls)	279	20	7.16	8	2.87	4	1.43	1	.36	33	11.83
	279	22	7.88	14	5.02	9	3.23	-	-	45	16.13
GRAND TOTAL..... (Boys) (Girls)	1866	106	5.68	47	2.52	28	1.50	1	.05	182	9.75
	1843	106	5.75	51	2.77	30	1.63	3	.16	190	10.31
Special Cases..... (Boys) (Girls)	-	-	-	-	-	-	-	-	-	10	-
	-	-	-	-	-	-	-	-	-	8	-

7. NASO-PHARYNX (Contd.)

(b) THROAT (2) TONSILS REQUIRING OPERATIVE TREATMENT.

District	Total Number Examined All Ages	Entrants		Children born 1942		Children born 1938		Children born 1935		Total	
		No.	%	No.	%	No.	%	No.	%	No.	%
Inverness.....(Boys)	706	6	.85	2	.28	-	-	-	-	8	1.13
.....(Girls)	723	6	.83	2	.28	-	-	-	-	8	1.11
Mainland.....(Boys)	701	19	2.71	5	.71	1	.14	-	-	25	3.57
.....(Girls)	664	16	2.41	6	.90	2	.30	-	-	24	3.61
Skye.....(Boys)	180	2	1.11	3	1.66	1	.55	1	.55	7	3.88
.....(Girls)	177	4	2.26	4	2.26	-	-	1	.56	9	5.08
Outer Islands.....(Boys)	279	11	3.94	6	2.15	-	-	-	-	17	6.09
.....(Girls)	279	7	2.51	5	1.79	2	.72	-	-	14	5.02
GRAND TOTAL.....(Boys)	1866	38	2.04	16	.86	2	.11	1	.05	57	3.05
.....(Girls)	1843	33	1.79	17	.92	4	.22	1	.05	55	2.98
Special Cases.....(Boys)	-	-	-	-	-	-	-	-	-	27	-
.....(Girls)	-	-	-	-	-	-	-	-	-	18	-

7. NASO-PHARYNX (Contd.)

(c) GLANDS (1) REQUIRING OBSERVATION.

District	Total Number Examined All Ages	Entrants		Children born 1942		Children born 1938		Children born 1935		Total	
		No.	%	No.	%	No.	%	No.	%	No.	%
Inverness Burgh.....(Boys)	706	20	2.83	8	1.13	6	.85	-	-	34	4.81
.....(Girls)	723	11	1.52	3	.41	2	.28	1	.14	17	2.35
Mainland.....(Boys)	701	8	1.14	5	.71	1	.14	-	-	14	1.99
.....(Girls)	664	16	2.41	3	.45	-	-	-	-	19	2.86
Skye.....(Boys)	180	18	10.0	7	3.88	6	3.33	-	-	31	17.22
.....(Girls)	177	13	7.34	10	5.65	5	2.82	-	-	28	15.82
Outer Islands.....(Boys)	279	4	1.43	-	-	1	.36	-	-	5	1.79
.....(Girls)	279	1	.36	1	.36	1	.36	-	-	3	1.07
GRAND TOTAL.....(Boys)	1866	50	2.68	20	1.07	14	.75	-	-	84	4.50
.....(Girls)	1843	41	2.22	17	.92	8	.43	1	.05	67	3.63
Special Cases.....(Boys)	-	-	-	-	-	-	-	-	-	4	-
.....(Girls)	-	-	-	-	-	-	-	-	-	6	-

8. EYES (Contd.)

(a) EXTERNAL DISEASES (2) CONJUNCTIVITIS.

[illegible]

8. EYES (Contd.)

(a) EXTERNAL DISEASES (3) CORNEAL OPACITIES.

District	Total Number Examined All ages	Entrants		Children born 1942		Children born 1938		Children born 1935		Total	
		No.	%	No.	%	No.	%	No.	%		
Inverness Burgh..... (Boys Girls)	706 723	- -	- -	1 -	.14 -	- 1	- .14	- -	- -	1 1	.14 .14
Mainland..... (Boys Girls)	701 664	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
Skye..... (Boys Girls)	180 177	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
Outer Islands..... (Boys Girls)	279 279	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
GRAND TOTAL..... (Boys Girls)	1866 1843	- -	- -	1 -	.05 -	- 1	- .05	- -	- -	1 1	.05 .05
Special Cases..... (Boys Girls)	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -

(a) EXTERNAL DISEASES (4) STRABISMUS.

[illegible]

(a) EXTERNAL DISEASES (5) OTHER DISEASES.

[illegible]

(b) VISUAL ACUITY (SNELLEN) FAIR.

[illegible]

(b) VISUAL ACUITY - BAD.

[illegible]

(a) DISEASES (1) OTORRHOEA.

District	Total Number Examined All Ages	Entrants		Children born 1942		Children born 1938		Children born 1935		Total	
		No.	%	No.	%	No.	%	No.	%	No.	%
Inverness Burgh.....	706	1	.14	-	-	4	.57	-	-	5	.71
(Boys)											
(Girls)	723	1	.14	-	-	-	-	-	-	1	.14
Mainland.....	701	-	-	-	-	1	.14	-	-	1	.14
(Boys)											
(Girls)	664	-	-	-	-	-	-	-	-	-	-
Skye.....	180	-	-	-	-	-	-	-	-	-	-
(Boys)											
(Girls)	177	1	.56	-	-	-	-	-	-	1	.56
Outer Islands.....	279	-	-	-	-	-	-	-	-	-	-
(Boys)											
(Girls)	279	-	-	-	-	-	-	1	.36	1	.36
GRAND TOTAL.....	1866	1	.05	-	-	5	.27	-	-	6	.32
(Boys)											
(Girls)	1843	2	.11	-	-	-	-	1	.05	3	.16
Special Cases.....	-	-	-	-	-	-	-	-	-	1	-
(Boys)											
(Girls)	-	-	-	-	-	-	-	-	-	-	-

(a) DISEASES (2) OTHER DISEASES.

[illegible]

(b) DEFECTIVE HEARING (GRADE 1)。

[illegible]

(b) DEFECTIVE HEARING (GRADE 11a).

[illegible]

11. MENTAL AND NERVOUS CONDITIONS.

(a) BACKWARD.

District	Total Number Examined All Ages	Entrants		Children born 1942		Children born 1938		Children born 1935		Total	
		No.	%	No.	%	No.	%	No.	%	No.	%
Inverness Burgh..... (Boys Girls)	706 723	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
Mainland..... (Boys Girls)	701 664	1 -	.14 -	- -	- -	2 -	.30 -	- -	- -	1 2	.14 .30
Skye..... (Boys Girls)	180 177	- -	- -	1 1	.55 .56	- -	- -	- -	- -	1 1	.55 .56
Outer Islands..... (Boys Girls)	279 279	- -	- -	- -	- -	1 -	.36 -	- -	- -	1 -	.36 -
GRAND TOTAL..... (Boys Girls)	1866 1843	1 -	.05 -	1 1	.05 .05	1 2	.05 .11	- -	- -	3 3	.15 .16
Special Cases..... (Boys Girls)	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	- -

11. MENTAL AND NERVOUS CONDITIONS (Contd.)

(a) DULL.

District	Total Number Examined All Ages	Entrants		Children born 1942		Children born 1938		Children born 1935		Total	
		No.	%	No.	%	No.	%	No.	%	No.	%
Inverness Burgh..... (Boys Girls)	706 723	1 -	.14 -	- -	- -	- -	- -	- -	- -	1 -	.14 -
Mainland..... (Boys Girls)	701 664	- -	- -	- 1	- .15	- -	- -	- -	- -	- 1	- .15
Skye..... (Boys Girls)	180 177	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
Outer Islands..... (Boys Girls)	279 279	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
GRAND TOTAL..... (Boys Girls)	1866 1843	1 -	.05 -	- 1	- .05	- -	- -	- -	- -	1 1	.05 .05
Special Cases..... (Boys Girls)	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -

11. MENTAL AND NERVOUS CONDITIONS (Contd.)

(c) MENTALLY DEFECTIVE - EDUCABLE.

[illegible]

11. MENTAL AND NERVOUS CONDITIONS (Contd.)

(d) MENTALLY DEFECTIVE - INEDUCABLE

District	Total Number Examined All Ages	Entrants		Children born 1942		Children born 1938		Children born 1935		Total	
		No.	%	No.	%	No.	%	No.	%	No.	%
Inverness Burgh... (Boys Girls)	706 723	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
Mainland..... (Boys Girls)	701 664	- -	- -	- -	- -	1 -	.14 -	- -	- -	1 -	.14 -
Skye..... (Boys Girls)	180 177	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
Outer Islands..... (Boys Girls)	279 279	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
GRAND TOTAL..... (Boys Girls)	1866 1843	- -	- -	- -	- -	1 -	.05 -	- -	- -	1 -	.05 -
Special Cases..... (Boys Girls)	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -	- -

(a) ORGANIC HEART DISEASE (1) CONGENITAL.

[illegible]

(a) ORGANIC HEART DISEASE (2) ACQUIRED.

[illegible]

12. CIRCULATORY SYSTEM (Contd.)

(b) FUNCTIONAL CONDITION.

[illegible]

30

13. LUNGS.

(a) CHRONIC BRONCHITIS.

District	Total Number Examined All Ages	Entrants		Children born 1942		Children born 1938		Children born 1935		Total.	
		No.	%	No.	%	No.	%	No.	%	No.	%
Inverness Burgh..... (Boys (Girls)	706 723	2 -	.28 -	4 2	.57 .28	3 2	.42 .28	- -	- -	9 4	1.27 .55
Mainland..... (Boys (Girls)	701 664	8 10	1.14 1.51	1 3	.14 .45	1 -	.14 -	- -	- -	10 13	1.43 1.96
Skye..... (Boys (Girls)	180 177	1 -	.55 -	- 1	- .56	1 -	.55 -	- -	- -	2 1	1.11 .56
Outer Islands..... (Boys (Girls)	279 279	- 3	- 1.07	1 -	.36 -	- -	- -	- -	- -	1 3	.36 1.07
GRAND TOTAL..... (Boys (Girls)	1866 1843	11 13	.59 .70	6 6	.32 .32	5 2	.27 .11	- -	- -	22 21	1.18 1.14
Special Cases..... (Boys (Girls)	- -	- -	- -	- -	- -	- -	- -	- -	- -	5 1	- -

13. LUNGS (Contd.)

(b) SUSPECTED TUBERCULOSIS.

[illegible]

13. LUNGS (Contd.)

(c) OTHER DISEASES.

[illegible]

14. DEFORMITIES (Contd.)

(c) ACQUIRED (PROBABLY RICKETS.)

District	Total Number Examined ALL Ages	Entrants		Children born 1942		Children born 1938		Children born 1935		Total	
		No.	%	No.	%	No.	%	No.	%	No.	%
Inverness Burgh..... (Boys)	706	-	-	1	.14	2	.28	-	-	3	.42
(Girls)	723	-	-	2	.28	-	-	-	-	2	.28
Mainland..... (Boys)	701	1	.14	-	-	-	-	-	-	1	.14
(Girls)	664	-	-	-	-	-	-	-	-	-	-
Skye..... (Boys)	180	-	-	-	-	-	-	-	-	-	-
(Girls)	177	-	-	-	-	-	-	-	-	-	-
Outer Islands..... (Boys)	279	1	.36	-	-	-	-	-	-	1	.36
(Girls)	279	-	-	-	-	-	-	-	-	-	-
GRAND TOTAL. (Boys)	1866	2	.11	1	.05	2	.11	-	-	5	.27
(Girls)	1843	-	-	2	.11	-	-	-	-	2	.11
Special Cases..... (Boys)	-	-	-	-	-	-	-	-	-	1	-
(Girls)	-	-	-	-	-	-	-	-	-	-	-

14. DEFORMITIES (Contd.)

(d) ACQUIRED (OTHER CAUSES.)

District	Total Number Examined ALL Ages	Entrants		Children born 1942		Children born 1938		Children born 1935		Total	
		No.	%	No.	%	No.	%	No.	%	No.	%
Inverness Burgh..... (Boys)	706	5	.71	14	1.98	2	.28	2	.28	23	3.26
(Girls)	723	8	1.11	5	.69	9	1.24	2	.28	24	3.32
Mainland..... (Boys)	701	1	.14	1	.14	-	-	-	-	2	.28
(Girls)	664	1	.15	-	-	-	-	-	-	1	.15
Skye..... (Boys)	180	-	-	1	.55	1	.55	-	-	2	1.11
(Girls)	177	-	-	1	.56	-	-	-	-	1	.56
Outer Islands..... (Boys)	279	-	-	-	-	-	-	-	-	-	-
(Girls)	279	-	-	-	-	-	-	-	-	-	-
GRAND TOTAL..... (Boys)	1866	6	.32	16	.86	3	.15	2	.11	27	1.45
(Girls)	1843	9	.49	6	.32	9	.49	2	.11	26	1.41
Special Cases..... (Boys)	-	-	-	-	-	-	-	-	-	2	-
(Girls)	-	-	-	-	-	-	-	-	-	2	-

APPENDIX TO TABLE II

Table showing Number and Percentage of Children Examined in the 1944 Age Group with Eye and Hearing Defects.

District	Total Number Examined 1944 Group	EYES						EARS									
		Strabismus		Other Diseases		V.A. Snellen Fair		V.A. Snellen Bad		Hearing Grade 1		Hearing Grade 11a		Hearing Grade 11b		Hearing Grade 111	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Inverness Burgh.....	(Boys 140 (Girls 135)	-	-	-	-	19	13.57 11.85	8 13	5.71 9.63	2	1.43	-	-	-	-	-	-
Mainland.....	(Boys 224 (Girls 210)	12 3	5.36 1.43	-	-	18 19	8.03 9.05	15 12	6.69 5.71	- -	-	-	-	-	-	-	-
Skye.....	(Boys 43 (Girls 52)	- -	- -	-	-	1 1	2.32 1.92	6 4	13.95 7.69	- -	-	-	-	-	-	-	-
Outer Islands.....	(Boys 110 (Girls 86)	1 2	.91 2.32	1 -	.91 -	11 12	10.0 13.95	9 10	8.18 11.63	- -	-	-	-	-	-	-	-
GRAND TOTAL.....	(Boys 517 (Girls 483)	13 5	2.51 1.03	1 -	.19 -	49 48	9.47 9.94	38 39	7.35 8.07	2 -	.39 -	- -	-	-	-	-	-

TABLE III

CLASSIFICATION OF DEFECTS FOUND AT SYSTEMATIC MEDICAL EXAMINATION.

Total Number of Children examined.....	1352		1123		1094		140		3709	
	Entrants		Children born 1942		Children born 1938		Children born 1935		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
1. Children free from Defects.....	772	57.10	690	61.44	772	70.57	94	67.14	2328	62.77
11. Children (otherwise free from defects) who suffer from--										
(a) Defective Vision not worse than $\frac{6}{12}$ in the better eye with or without glasses.....	2	.15	47	4.18	67	6.12	7	5.00	123	3.32
(b) Oral Sepsis, etc.	46	3.40	33	2.94	21	1.92	3	2.14	103	2.78
(c) Children suffering from (a) and (b) defects.....	2	.15	2	.18	1	.09	-	-	5	.13
Total.....	50	3.69	82	7.30	89	8.13	10	7.14	231	6.23
111. Children suffering from ailments (other than those mentioned in 11) from which complete recovery is anticipated within a few weeks.....	392	28.99	229	20.39	154	14.08	21	15.00	796	21.46
IV. Children suffering from (or suspected to be suffering from) defects less remediable than defects specified in 11 or 111--										
(a) Where complete cure or restoration of function is considered possible.....	120	8.87	94	8.37	62	5.67	12	8.57	288	7.76
(b) Where improvement only is considered possible..	18	1.33	28	2.49	17	1.55	3	2.14	66	1.78
Total.....	138	10.21	122	10.86	79	7.22	15	10.71	354	9.54
Grand Total Defects Classified.....	580	42.89	433	38.56	322	29.43	46	32.86	1381	37.23

TABLE IV.

Disability	At ordinary schools	At special schools or classes	At no school or institution	Total
1. Blind.....	-	-	-	-
2. Partially sighted.....	4	-	-	4
(Grade I.....	12	-	-	12
3. Deaf (Grade IIa.....	5	-	-	5
(Grade IIb.....	1	1	-	2
(Grade III.....	4	13	3	20
4. Defective Speech--				
(a) Articulation requiring special educational measures.....	49	-	-	49
(b) Stammering requiring special educational measures.....	14	-	-	14
5. Mentally defective children between 5 and 16 years--				
(a) Educable.....	11	1	-	12
(b) Ineducable.....	4	1	8	13
6. Epilepsy--				
(a) Mild.....	6	-	-	6
(b) Severe.....	2	-	-	2
7. Physically defective children between 5 and 16 years--				
(a) Non-pulmonary Tuberculosis (excluding cervical glands..	5	-	4	9
(b) General orthopaedic conditions.....	52	1	3	56
(c) Organic heart disease.....	17	-	1	18
(d) Other causes of ill-health	22	1	-	23
8. Multiple defects.....	9	5	6	20
	(Educable M.D. and Defective Articulation... 2)	(Educable M.D. and Deafness IIa..... 1)	(Ineducable M.D. and Cerebral Palsy....5)	
	(Educable M.D. and Congenital Diseases of the Heart.....3)	(Ineducable M.D. and Epilepsy..... 1)	(Ineducable M.D. and Epilepsy.....1)	
	(Educable M.D. and Epilepsy..... 1)	(Ineducable M.D. and Congenital Disease of the Heart.....1)		
	(Educable M.D. and partially sighted... 1)	(Ineducable M.D. and spastic paraplegia,1)		
	(Congenital Disease of the Heart and Asthma,1)	(Ineducable M.D. and Epilepsy.....1)		
	(Congenital Disease of the Heart and Bilateral Talipes.....1)			
Total.....	217	23	25	265

TABLE IV

Dental Inspection and Treatment for Year ended 31st July, 1952.

Number of Children who were--

(1) Inspected by the Dental Officers--

Age	Systematic Examinations	Special and Emergency Cases	Total
5.....	391	-	391
6.....	485	-	485
7.....	586	-	586
8.....	840	-	840
9.....	885	-	885
10.....	891	-	891
11.....	783	-	783
12.....	781	-	781
13.....	340	-	340
14.....	238	-	238
15.....	247	-	247
over 15.....	260	-	260
Total...	6727	-	6727
(2) Found to require treatment.....	2758	-	2758
(3) Actually treated by the School Dental Officers.	1969	-	1969
(4) Number of attendances made by children for treatment.....	2170	-	2170
(5) Fillings--			
(a) Permanent Teeth.....	1815	-	1815
(b) Temporary Teeth.....	273	-	273
(6) Extractions--			
(a) Permanent Teeth.....	539	-	539
(b) Temporary Teeth.....	1264	-	1264
(7) Number of administrations of a General Anaesthetic for Extractions.....	-	-	-
(8) Other Operations--			
(a) Permanent Teeth.....	42	-	42
(b) Temporary Teeth.....			
+ (9) Half-days devoted to inspection.....	127	-	127
Half-days devoted to treatment.....	755	-	755
(10) Number of children treated under private arrangements.....	-	-	-

*This figure embraces all duty sessions. As many small schools are visited, complete sessions are not devoted to inspection only. 15% of the total have refused treatment.

Total Number of Children Examined	BURGH OF INVERNESS										MAINLAND AREA									
	465		400		484		80		1429		567		452		318		28		1365	
	Entrants		1942		1938		1935		Total		Entrants		1942		1938		1935		Total	
	Defects	Rate p.c.	Defects	Rate p.c.	Defects	Rate p.c.	Defects	Rate p.c.	Defects	Rate p.c.	Defects	Rate p.c.	Defects	Rate p.c.	Defects	Rate p.c.	Defects	Rate p.c.	Defects	Rate p.c.
Special Groups Classified																				
1. Nutrition.....	15	3.23	-	-	5	1.03	-	-	20	1.39	7	1.23	7	1.55	3	.94	-	-	17	1.24
2. Clothing.....	2	.43	-	-	1	.21	-	-	3	.21	1	.18	-	-	-	-	-	-	1	.07
3. Footgear.....	-	-	1	.25	-	-	-	-	1	.07	1	.18	-	-	-	-	-	-	1	.07
4. (Cleanliness-Head).....	9	1.93	6	1.50	13	2.68	-	-	28	1.96	6	1.06	5	1.11	5	1.57	-	-	16	1.17
5. (Cleanliness-Body).....	3	.64	3	.75	3	.62	-	-	9	.63	1	.18	-	-	-	-	-	-	1	.07
6. (Condition of Skin of Head).....	12	2.58	8	2.00	2	.41	2	2.50	24	1.68	1	.18	1	.22	-	-	-	2	.14	
7. (Condition of Skin of Body).....	13	2.79	23	5.75	25	5.16	7	8.75	68	4.76	3	.53	2	.44	1	.31	-	-	6	.44
8. Mouth and Teeth unhealthy.....	45	9.68	22	5.50	17	3.51	2	2.50	86	6.02	26	4.58	17	3.76	6	1.89	1	3.57	50	3.66
9. (Nose).....	31	6.76	27	6.75	18	3.72	2	2.50	78	5.46	4	.70	4	.88	-	-	-	-	8	.59
10. (Throat).....	74	15.91	25	6.25	26	5.37	2	2.50	127	8.89	128	22.57	55	12.17	13	4.09	-	-	196	14.36
11. (Glands).....	31	6.67	11	2.75	8	1.65	1	1.25	51	3.57	24	4.23	8	1.77	1	.31	-	-	33	2.42
12. (External Eye Disease).....	6	1.29	9	2.25	8	1.65	2	2.50	25	1.75	3	.53	1	.22	1	.31	-	-	5	.37
13. (Eyes--Strabismus).....	17	3.65	12	3.00	5	1.03	-	-	34	2.38	16	2.82	14	3.09	5	1.57	2	7.14	37	2.71
14. (Eyes-- Other Diseases).....	3	.64	2	.50	-	-	-	-	5	.35	2	.35	-	-	2	.63	-	-	4	.29
15. (Visual Acuity).....	-	-	57	14.25	57	11.78	10	12.50	124	8.68	9	1.59	52	11.50	54	16.98	7	25.00	122	8.94
16. (Ears).....	4	.86	2	.50	6	1.24	-	-	12	.84	1	.18	3	.66	1	.31	-	-	5	.37
17. (Hearing).....	-	-	3	.75	5	1.03	-	-	8	.56	1	.18	2	.44	1	.31	-	-	4	.29
18. Speech.....	11	2.36	5	1.25	3	.62	2	2.50	21	1.47	3	.53	1	.22	3	.94	-	-	7	.51
19. (Mental condition).....	1	.21	-	-	-	-	-	-	1	.07	1	.18	2	.44	3	.94	-	-	6	.44
20. (Nervous condition).....	1	.21	1	.25	-	-	-	-	2	.14	-	-	-	-	-	-	-	-	-	-
21. Heart and Circulation.....	6	1.29	2	.50	5	1.03	-	-	13	.91	2	.35	2	.44	1	.31	-	-	5	.37
22. Lungs.....	28	6.02	21	5.25	14	2.89	1	1.25	64	4.48	19	3.35	4	.88	2	.63	-	-	25	1.83
23. Deformities.....	15	3.22	25	6.25	16	3.30	5	6.25	61	4.27	7	1.23	4	.88	-	-	-	-	11	.80
24. Infectious Diseases.....	-	-	1	.25	1	.21	-	-	2	.14	-	-	1	.22	-	-	-	-	1	.07
25. Other Diseases or Defects.....	14	3.01	14	3.50	13	2.68	1	1.25	42	2.94	5	.88	5	1.11	1	.31	-	-	11	.60

Total Number of Children Examined	SKYE AREA										OUTER ISLANDS AREA									
	122		98		111		26		357		198		173		181		6		558	
	Entrants		1942		1938		1935		Total		Entrants		1942		1938		1935		Total	
Special Groups Classified	Defects		Rate p.c.		Defects		Rate p.c.		Defects		Rate p.c.		Defects		Rate p.c.		Defects		Rate p.c.	
	Defects	Rate p.c.	Defects	Rate p.c.	Defects	Rate p.c.	Defects	Rate p.c.	Defects	Rate p.c.	Defects	Rate p.c.	Defects	Rate p.c.	Defects	Rate p.c.	Defects	Rate p.c.	Defects	Rate p.c.
1. Nutrition.....	-	-	2	2.04	-	-	-	-	2	.56	-	-	1	.58	-	-	1	16.66	2	.36
2. Clothing.....	2	1.64	-	-	-	-	-	-	2	.56	-	-	-	-	-	-	-	-	-	-
3. Footgear.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4. (Cleanliness--Head).....	2	1.64	3	3.06	2	1.80	1	3.85	8	2.24	13	6.56	11	6.36	19	10.49	-	-	43	7.71
5. (Cleanliness--Body).....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. (Condition of Skin of Head)	1	.82	1	1.02	3	2.70	-	-	5	1.40	1	.50	-	-	-	-	-	-	1	.18
7. (Condition of Skin of Body)	1	.82	3	3.06	3	2.70	-	-	7	1.96	4	2.02	2	1.16	-	-	-	-	6	1.07
8. (Condition of Teeth unhealthy)	2	1.64	2	2.04	1	.90	-	-	5	1.40	13	6.56	9	5.20	6	3.31	1	16.66	29	5.19
9. (Nose).....	5	4.09	3	3.06	2	1.80	-	-	10	2.80	1	.50	-	-	-	-	-	-	1	.18
10. (Throat).....	21	17.21	18	18.37	10	9.01	3	11.9	52	14.56	60	30.30	33	19.07	15	8.29	1	16.66	109	19.53
11. (Glands).....	32	26.23	17	17.35	11	9.91	-	-	60	16.81	5	2.52	1	.58	2	1.10	-	-	8	1.43
12. (External Eye Disease)	1	.82	1	1.02	-	-	-	-	2	.56	1	.50	1	.58	-	-	-	-	2	.36
13. (Eyes--Strabismus).....	4	3.28	2	2.04	3	2.70	-	-	9	2.52	1	.50	1	.58	2	.10	-	-	4	.72
14. (Eyes--Other Diseases).....	-	-	-	-	-	-	-	-	-	-	1	.50	1	.58	-	-	-	-	2	.36
15. (Visual Acuity).....	1	.82	9	9.18	19	17.12	3	11.54	32	8.96	3	1.51	11	6.36	19	10.49	4	66.66	37	6.63
16. (Ears).....	2	1.64	-	-	-	-	-	-	2	.56	-	-	-	-	-	-	1	16.66	1	.18
17. (Hearing).....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	16.66	1	.18
18. Speech.....	3	2.46	-	-	-	-	-	-	3	.84	-	-	-	-	1	.55	-	-	1	.18
19. (Mental condition).....	-	-	2	2.04	-	-	-	-	2	.56	-	-	-	-	1	.55	-	-	1	.18
20. (Nervous condition).....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
21. Heart and Circulation.....	2	1.64	-	-	1	.90	-	-	3	.94	2	1.01	2	1.46	2	1.10	1	16.66	7	1.25
22. Lungs.....	1	.82	2	2.04	1	.90	-	-	4	1.12	5	2.52	2	1.16	-	-	-	-	7	1.25
23. Deformities.....	2	1.64	2	2.04	1	.90	-	-	5	1.40	6	3.03	3	1.73	-	-	-	-	9	1.61
24. Infectious Diseases.....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
25. Other Diseases or Defects.	1	.82	2	2.04	1	.90	1	3.85	5	1.40	3	1.51	2	1.16	1	.55	-	-	6	1.07

SUMMARY (Continued)

Total Number of Children Examined	GRAND TOTAL OF ALL AGES									
	1352		1123		1094		140		3709	
Age Groups	Entrants		1942		1938		1935		Total	
<u>Defects</u>	Defects	Rate p.c.	Defects	Rate p.c.	Defects	Rate p.c.	Defects	Rate p.c.	Defects	Rate p.c.
Special Groups Classified	Defects	Rate p.c.	Defects	Rate p.c.	Defects	Rate p.c.	Defects	Rate p.c.	Defects	Rate p.c.
1. Nutrition.....	22	1.63	10	.89	8	.73	1	.71	41	1.11
2. Clothing.....	5	.37	-	-	1	.09	-	-	6	.16
3. Footgear.....	1	.07	1	.09	-	-	-	-	2	.05
4. (Cleanliness--Head).....	30	2.22	25	2.23	39	3.56	1	.71	95	2.56
(Cleanliness--Body).....	4	.29	3	.27	3	.27	-	-	10	.27
(Condition of Skin of Head...)	15	1.11	10	.89	5	.46	2	1.43	32	.86
(Condition of Skin of Body...)	21	1.55	30	2.67	29	2.65	7	5.00	87	2.34
6. (Mouth and Teeth unhealthy..)	86	6.36	50	4.45	30	2.74	4	2.86	170	4.58
(Nose.....)	41	3.03	34	3.03	20	1.83	2	1.43	97	2.61
7. (Throat.....)	283	20.93	131	11.66	64	5.85	6	4.28	484	13.05
(Glands.....)	92	6.80	37	3.29	22	2.01	1	.71	152	4.09
(External Eye Disease.....)	11	.81	12	1.07	9	.82	2	1.43	34	.92
8. (Eyes--Strabismus.....)	38	2.81	29	2.58	15	1.37	2	1.43	84	2.26
(Eyes--Other Diseases.....)	6	.44	3	.27	2	.18	-	-	11	.29
(Visual Acuity.....)	13	.96	129	11.49	149	13.62	24	17.14	315	8.49
9. (Ears.....)	7	.52	5	.44	7	.64	1	.71	20	.54
(Hearing.....)	1	.07	5	.44	6	.55	1	.71	13	.35
10. Speech.....	17	1.26	6	.53	7	.64	2	1.43	32	.86
(Mental condition.....)	2	.15	4	.36	4	.36	-	-	10	.27
(Nervous condition.....)	1	.07	1	.09	-	-	-	-	2	.05
12. Heart and Circulation.....	12	.89	6	.53	9	.82	1	.71	28	.75
13. Lungs.....	53	3.92	29	2.58	17	1.55	1	.71	100	2.69
14. Deformities.....	30	2.22	34	3.03	17	1.55	5	3.57	86	2.32
15. Infectious Disease.....	-	-	2	.18	1	.09	-	-	3	.08
16. Other Diseases or defects....	23	1.70	23	2.05	16	1.46	2	1.43	64	1.75

W. D. WILSON, M.D., D.P.H.,

Medical Officer of Health for Burgh and County of Inverness.

April, 1953.

